2411,06 mod January 100 mod Ja

uneral director, pa

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

2 2 8 3 3

1	- STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF D	EATH	EIAE 8:40	REG. NO		(ce)		
	CEASED NAME	FIRST	M	IDDLE	L	AST /		2a. DATE OF D		ONTH DAY	YEAR 85	26 HOUR	
2 65		ohn	105	-1040	Ti DAYE	15/)	100	6. AGE (IN YEARS		6 2>	NDER 1 YEAR	BOUNDER 24	
3. SE	MARYL	9HD-	WHI	TE	5. DATE C		YEAR 16	6. AGE (IN YEAR)	9	YRS			AIN.
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		HOWA		GIVE RESIDENCE BEFORE 13c. CITY OR TOW	N,	13d. INSIDE C	ITY LIMITS?	13e STREET AD	DRESS	HILL .	5T.	210	43
14. F	ATHER'S NAME FIRST	MIDD	LE	Ash		15. MOTHER'S	MAIDEN NAM		AIDDLE		SEB	ı.	
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED	CORDATES]	218-61	-5330	17. INFORMA	Graha m		ADDRES 9890	Bath Cit	No!	1. P.	Ze 143
	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED BY	1.	line for (a), (b), an	d (ci.)	- W	etacte	3613			APPROX BETWEEN	MATE INTERVA ONSET AND DE	ATH_
	Conditions, if ony, gove rise to imme couse to), storing underlying couse	the	DUE TO, OR	AS A CONSEQUE	nom	po a	rord	n.:					
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CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	RMED	20a AUTOPS	Y?	206. IF YES, WIN CERTIFYIN	G CAUSES		
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (1F EITHER: NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF HOUR A.M	A. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATUR	E OF INJURY	IN ITEM 18, PART 1	OR PART 2]		
MEDICAL	21d INJURY OCCURRE	LE 🖂	21e PLACE C			21f LOCATIO	, NO	CI	TY OR TOWN		COUNTY	STATE	
	220.1 certify that (1) (1 sow the deceased above, (1) (we) (did 22b. SK hallus	olive on A	2NON	P 24 19 8	35 . on	d that in (my)	, 19 <u>85</u> (our) opinion d	eoth occurred o	on the dot	e ond hour on			,
	Vose	-1	Lee	Julle	7	1-D- A	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		8/2	5/85	5
	Jose 1	Ch	ruda	1é, M. I) 、	6342	Barr	neth An	1e.S	inger	V1110	., m.s	. 4
	BURIAL CREMATION, RI SPECIAL SURJAL	EMOVAL 2	8 - 28	-85 P	PLANE OF C	SPRIA	rematory Con	7. 23d. LOCATION	ar \$	mas	Home	my suny	16
24. F	UNERAL DIRECTOR VACE FUNET	al Hon	re.	BUILEH	Ent.	268 , M. Z	250. DATE	REC'D. BY REG	STRAF A	RESERVA	de la	O PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN C	į

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE 226065 REGISTRAR 20 DATE KNOWN DECEASED NAME YEAR 26 HOUR (TYPE OR PRINT) ESTI-Leann DEATH MATED Marie Atwell 8 519 85 4. RACE AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 3:45E DEAD 8 5 19 85 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED Carroll County DIVORCED WIDOWED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS. Rt. 26 & Enterprise Street Eldersburg USUAL RESIDENCE (IF IN NURSING 13d. INSIDE CITY LIMITS? 13e STREET ADDRE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE CONA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, ONUNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio-cerebral trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES X NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR 2:30 M 19 85 Driver in auto/auto impact. CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK 26 & Enterprise St, Eldersburg, Carroll, MD. road 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Hamicide ____ death resulted fram: Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 8/6/85 SIGNATURE EXAMINER'S MAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 07/84 BP 25M **DHMH** - 17 (VR A15 ME (5))

Ser Firm

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY GIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	100
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IE UNDER I YEAR IF UNDER 24 HRS
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	IVE WAR OR DATES)			
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DATE OF OPERATION	TO CONDITION FOR W	TICH OPERATION WAS PERFORMED		FYING CAUSES OF DEATH?
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	pital) attended the deceased fr	om / 19 Ø Z	Z to	19 P. that (I) (we) lost
snw the decensed plive o	· HIN Z	101	n death accurred on the date and had	
obove, (1) (we) (did) (did n	ot view the body after death.	DECREE		29. DATEGICAGO

TO FUNERAL DIRECTOR After retained by the hospital TO HOSPITAL BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

DHMH - 16 60M 7/84 (VRA 15, 4)

If Hem 21 is marked ar Item 18 shows any

IMPORTANT

should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygier

230 BURIAL, CREMATION, REMOVAL 23b. DATE

224. PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

236 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

PHYSICIAN

MEDICAL

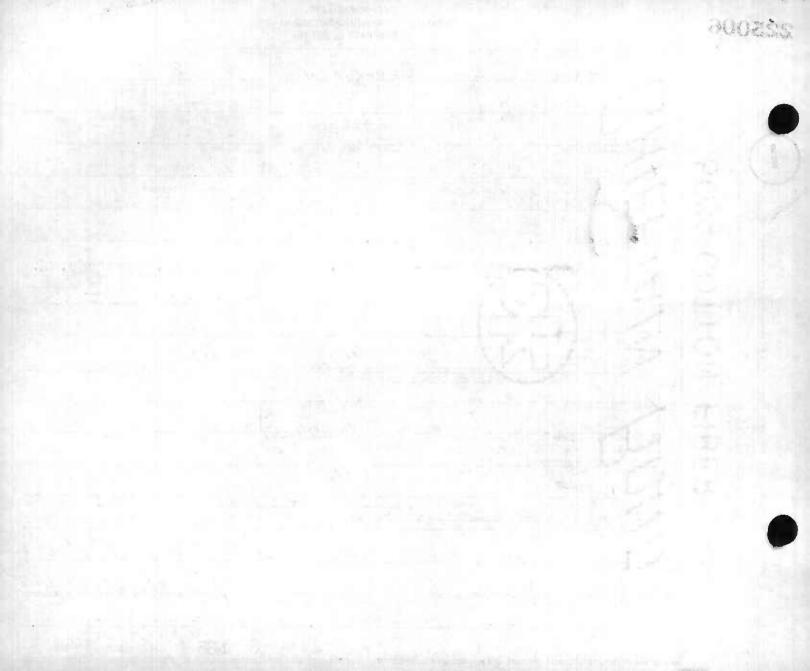
DIRECTOR PHYSICIAN

23d LOCATION STATE

8-5-85 24 FUNERAL DIRECTOR ADDRESS Hampstead, Funera 1

STAFF

Ess Lead Md Cardens Finksburg Carroll 250 DATE REC'D. BY REGISTRAR'S SIGNATURE AUG 8 1985 The Davidson Ands



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y be deoth deoth		Pearl Bell			08-15-85	11:30
tor, page 3 offer death	3 S	female	4 RACE	5 DATE OF BIRTH MONTH 02-22-05	MC	FUNDER 1 YEAR IF UNDER 24 HRS
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y filled in thought be	5 M	ryland Car	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM I 136. CITY OR TOVE WESTMIN	ster YES NO	13e STREET ADDRESS 4150 Littlestown	Pike 21157
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TO HOSPITAL OR ATT retoined by the hospit TO FUNERAL DIRECT should be detoched to with the Store Dept of IMPORTANT: If them 21		above, II Didd no 22/ SIGNA LIE!		DEGREE ATTENDING PHYSICIAN 222¢ ADDRESS	MEDICAL STAFF CHORECTOR PHYSICIAN	8-15-85 21157
BP———	230.	BUDAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY	23d LOCATION CO	OUNTY Pary Pary
DHMH - 16 50M 7/77 (VR A 15 (4))	7	UNERAL DIRECTOR FIETEL	blestain	for Pol. AUG	TE REC'D. BY REGISTRAN 256. REGISTRA	AR'S SIGNATURE

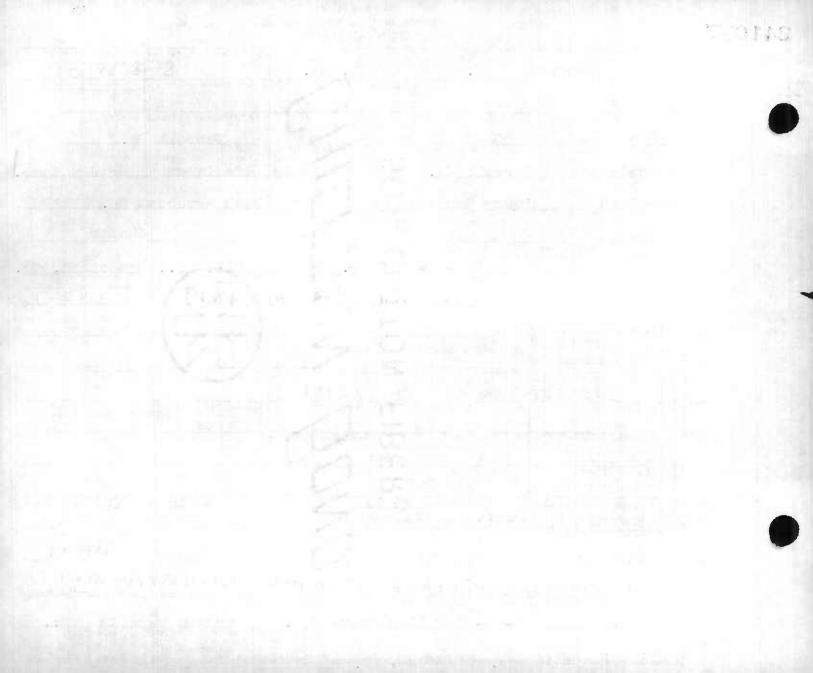
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(a)	5	ykesville :	Sykesville	Elder-CARE	Operator	Telephone
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	16a V	NERMA-N VAS DECEASED EVER IN U.S. ARME	DARLING D FORCES? 166 SOCIAL SER	PRITY NO. 17 INFORMANT	peth ADDRESS	Johnson
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORING PHYSICIAN: The law requires that the death certificate the ratending physician. Wher this certificate has been signed by the attending physician and as the burial-transit permit. Then please remove carbanpapers. Pages the and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medic	()	(ES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)	586 Edna LAN	ders - Sukes	ville. Md.
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te p he he		27b. SIGNATURE	iew the body after death.	DEGREE	death accurred on the date and haur	12c DATE SIGNED
		8 -	Chickman		MEDICAL STAFF DIRECTOR PHYSICIAN	89,85
TO HOSPITAL (TO FUNERAL I Should be deto with the Store I MPORTANT: If		224 PHYSICIAN SNAME (TYPE OR PRI	DKutma	n 220 ADDRESS Syl	resulle, Vi	el.
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	OUNTY STATE
BP	24 FL	JNERAL DIRECTOR	0-13-85 J	Leepy /tol/blu Centre	A STATE OF THE STA	ARIS SIGNATURE
(VR A 15 (4))	'	Harry W. Hors	ht Lilaer	the Ma. AUG	9 1985 June Said	son-flordette

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e 6.5	1. DECEASED NAME	FIRST MIDDLE	LAST	REG. NO.	
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by spers. Poges 1 and 2 should be fill you. it, the medical examiles must be not.		NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE B 134 COUNTY 134. CITY OR 1 Baltimore 400 F		13e.STREET ADDRESS / ZIP	
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The low sicion.	190 DATE OF OPERAT				CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir other this certificate has been sig as the buriol-trongit permit. Then h and Mental Hygiene prior to b orked or them 18 shows any injury	OR CONTRIBUTING OF STATE OF ST	AUSE OF DEATH ALEXAMINER) ED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 211. LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDO e hospital or DIRECTOR: A sched for use Dept. of Heal		(this haspital) aftended the deceased fri d alive an id) (did not) view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	19
TO HOSPITAL retained by the TO FUNERAL should be determined by with the Store with the Store MAPORTANT.	22d. PHYSICIAN'S NA	ME (1999 OKPERNI)	M.D. PHYSICIAN PHYSICIAN 1220 ADDRESS 14 ampsi	Addrector Physician [
BP	230. BURIAL, CREMATION,		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	Burial 24 FUNERAL DIRECTOR	8-12-85 ADDR		TE REC'D. BY REGISTRAR 25b. R	egistrar's signature

Hampstead

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND

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新見当る第	3. SEX	4_R.	ACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN			DATE NOUNCED	MONTH	DAY YEAR	2d HOUF
ARY, L DIRE YOUR N 72 + HON S	M	ale Ca	ucasion	July 26		MONT	8 Hours	MIN.	DEAD	8	3 19 85	7:02
MITHERAL PRESSO		RTHPLACE (STATE O	OR .	76 CITIZEN OF WH	IAT COUNTRY? 8	MARRI	ED NEVER MARR	IED X 9. 8	ALTIMORE CITY	OR COUNTY	OF DEATH	
高部の音楽		Maryland	W. T	U.		VIDOW			Carroll	County		MD
ZEN NE	10 CI	TY OR TOWN OF D	EATH		PITAL, NURSING HOME, O	R OTH	ER INSTITUTION		OCCUPATION (TY	PE OF WORK 12	N KIND OF BU	ISINESS
50251	-	Westminst	er /		County Genera	al F	Mospital	TOR MOST	OF WORKING LIFE)		OK 111003(1	KT
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A 418 55		Thomas	De	MIDDLE	Crone		Phyllis		Marie		Klunk	
NA SERVICE	160. V	VAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY N	10.	17. INFORMANT		9924AREI	yons M	fill Rd	•
BATTIMORE, MD S AFTER DEATH GIVE PAGES 1. 2 TH FORM PM S PAGES 1 AND 2.3 VISION OF WALL	(4)	NO OR UNKNOWN)	(IF YES, GIVE W	(AR OR DATES)		1	Thomas D.	Crone				
		18 CAUSE OF DE	ATH (Enter only	one cause per line	for (a), (b), and (c).)						APPROXIMATI	E INTERVAL
ON ST. 24 HOU ITEM 18 LONG VENE PERMIT GIENE,	1.3		WAS CAUSED	BY:	Sudden Infan	nt [eath Syndi	rome			BETWEEN ONSE	T AND DEATH
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AAL BANDAND		PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TERMINAL	LOISEASE	OR CONDITION GIVEN IN PA	PT 1 (n)				
ECORDS BE EXE ENDING MEDICA AS A BU AS A BU CREMA	Z											
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	X	WHILE AT WORK	OT WHILE	STREET, FACT	ORY, FARM, ETC.)	S	TREET	Cit	ORTOWN	COUNT	ίΥ	STATE
I>344-		11111111					inspection				7 7	
AND SO SE			Ma	(CVF)	2 11	Autaps	, inspection			ind in my apini	ian	
SECOND SECOND		death resulted fr	Maturo	al causes (A)	Accident J. Suicid	de 🔲	, Hamicide L.	Undetermin	ned manner			
A Y S C C C C C C C C C C C C C C C C C C		ACTUAL /	C/1 m	NaVI	111Xh	-	Acting Ch	iof		DATE	8/4/8	5
A SE		SIGNATURE	1,000	10710 1	Via	M	ACCING CIL	TE-MEDICAL	EXAMINER	SIGNED.	_0/4/0	<u>)</u>
WED TIME		EXAMINER'S NAM	AE The	omas D. S	mith, M.D.		ADDRESS 11	l Penn	St. Bal	lto.MD.		
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	230 BI	URIAL, CREMATION		h DATE	121¢ NAME OF CEME	TERY O	R CREMATORY	123d LOCAT	ION			
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Count L. Stode Coined Hill, No. 20109

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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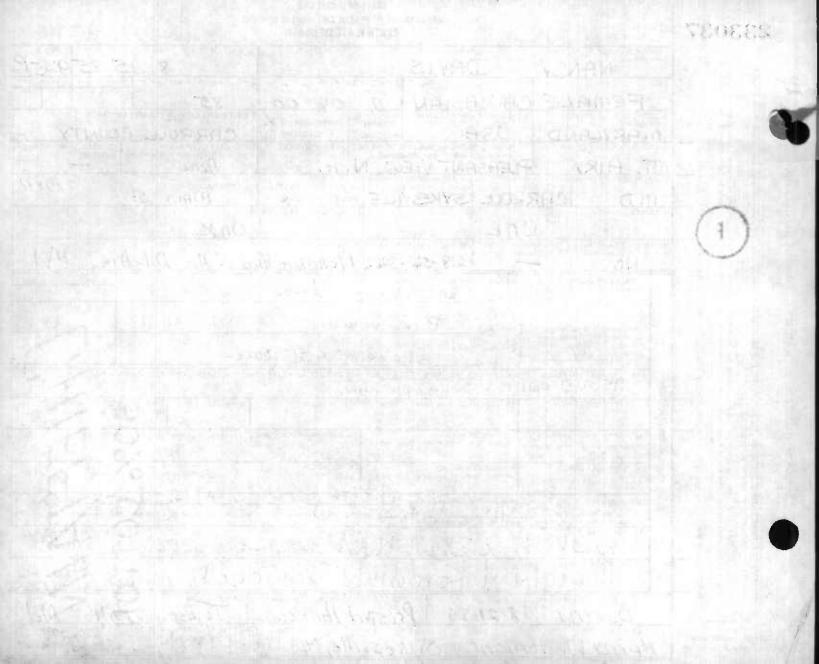
	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
	T DECEASED NAME FIRST (TYPE OR PRINT) PROPERTY.	Ly Margaret	t DANNER	20. DATE OF DEATH MONTH	3 198 5.10 A
1	3. SEX	4_RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Female	White	April 5 1917	68 yrs.	
1	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED T NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Л	Carroll Co.	U.S.A.	WIDOWED DIVORCED	Ca	arroll MD.
Ü	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
4	Westminster USUAL RESIDENCE (# NURSING HOME O	Westminster N	Vursing &	Housewife	11003111
0	13a. STATE 13b. COU	NTY 13c. CITY OR TOW		324 College A	ve 21776
1	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
1	Earl	Smels	ser Lillian	MIDDIE	Wagner
H	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU		ADDRESS CO-	17 omo Arro
	[YES, NO OR UNKNOWN] [IF YES, G	218-42-	-2206-A James A.	Danner New W:	thasor, Md.
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line far (o), (b), an	id ic	17	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (o)	aro usocular	accidente	daye
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	Conditions, if any, which	(b) gine	ralized art	mis ends	years.
1	cause (a), stating the underlying cause last.	DUE TO, OR A CONSEQUE	ENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110
	o di alite		11	in Parks	~
_		2 pulled ma	· / wow	con larla	neomon
1	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION VAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
1	190 DATE OF OPERATION			YES NO YE	YING CAUSES OF DEATH? S NO
1	2 10. ACCIDENT WAS UNDERLYING [?1b. TIME OF INJURY	21c HOW INJURY OCCUR	IN CERTIF	YING CAUSES OF DEATH? S NO
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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;	23303		1.	FOR STATE REGISTRAR		STATE OF MARYLAN MENT OF HEALTH AND ME CERTIFICATE OF DE	ENTAL HYGIEN ATH	REG. NO		
0	oy be death		(TYPE C	ASED NAME FIRST NAME V	DAVIS				8 15 8	25 9:25 PM
D	ige 4 mo) rector, pa urs offer d	2	B. SEX	FEMALE	CALCASIAN	S. DATE OF BIRTH MONTH DAY OG	VEAR OO	AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
	deoth. Po	5	M	HPLACE (STATE OR FOREIGN UNITY) ARYLAND	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	ORCED	CARRO	LL COU	NTY MD.
201	by the f	0	M	AIRY	(IF NOT IN SUCH FACILITY, GIVE STREET)	EW N.H.		1. USUAL OCCUPATION APE OF WORK FOR MOST OF		
LAND 21	lilled in	9	13a. ST	- 1407	RROLL SYKES	WN 113d. INSIDE CITY	10 1	STREET ADDRESS	st.	21784
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LTIMORI	be exec	/	{YE	5, NO OR UNKNOWN) (IF YES, GI	218 -54	-3462 PleASI	Ant View	N.H.	Mt. Air	1. Md.
ST., 8A	ertificote ng physic bon adpa			PART I. DEATH WAS CAUSE	only ane cause per line far (a), (b), a LED BY: ATE CAUSE (a)	ratory Ar	rest		0£)	PROXIMATE INTERVAL
, PRESTON	the deoth of remove con emotion of			Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOL	eamente	0.			
RDS, 201 W	equires that signed by Then please to burial, c	ulory, or or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO			DITION GIVEN IN PA	ART 110
AL RECORDS	he low re on. hos beer t permit.	3	CERTIFICATION	a. DATE OF OPERATION		H OPERATION WAS PERFORM	441.00	200 AUTOPSY?	70b. IF YES, WERE IN CERTIFYING CA	
N OF VITA	rysicians The		S E	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH [ER) P.M.	DAY YEAR		(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	(RT 2)
DIVISION OF	ING PHYS	Down of		MHILE NOT WHILE TWORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC) 216 LOCATION STREET	1	CITY OR TOV		CELL 9
	ATTEND ospitol o ECTOR. Sed for use of a fee or sed for use of a fee or other or oth	1 S 1 S W		sow the deceased affive or	pital) attended the deceased from 1910 1911 are the body after duath	1-0	our) opinian deal	th accurred an the da		
	by the h by the h ERAL DIR detoche Stote Dep	4		Mulle PHYSICIAN'S NAME (1797)	Meuslen	ATT ATT	TENDING A	APDICAL STAF	F	8/16/85
	TO HOSPITAL retained by t TO FUNERAL should be det			RIAL, CREMATION, REMOVAL	N N SONC	KONULU Z	900 C	entery 23d LOCATION	Plaza	Columbia de
	BP		(5	BUTIA /	8-21-85 23c	Prospect Hill	Centra	TOWSO	7	Lo May.
	DHMH - 16 50M 4/ (VRA 15, 4)	82		LOMI WIL 13	taight Si	Kesville, M	O AUG	1 9 1005	Gara vaire	TANK A MILLION



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.	7		4	
I. DECEASED NAME	FIRST		MIDDLE	L	AST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	2b HO	UR
(TYPE OR PRINT)	natild	a	L.	Di	tman				8	24	85	11:3	SOAM
3. SEX	0.00	4. RACE		5. DATE C		NUE	6. AGE (IN	EARS LAST BI	RTHDAY)	_	RIYEAR		R 24 HRS
Female		Cauc		4	21	O7		78	YRS	MON1H5	DAYS	HOURS	MIN.
To. BIRTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- D NEVE	R MARRIED !	9 BALTIMO	RE CITY	OR COUN	TY OF DE	ATH	- 1	
COUNT MD.		USA	A	MARRIE	_	DIVORCED [CAT	RROL	COI	JNTY			MD.
Westminst			HOSPITAL, NURSIN CHACHITY, CLESTREET, COULT				12a USUAL ITYPE OF WOR	K FOR MOST		LIFE) IND			& E
USUAL RESIDENCE IF NUI 130 STATE MD	135 COU		13c. CITY OR TOW Westmir	N	13d INSIDE	CITY LIMITS			/ ZIP CO		Road	d	2115
14 FATHER'S NAME					15. MOTHE	R'S MAIDEN	NAME			3			
John	7,100	WIDDLE	Love		W:	ilhelr	mina	WIDDLE		Ke	ili	ng	
160 WAS DECEASED EVE			16b SOCIAL SECU	RITY NO.	17 INFORM		172	2 ARDE	18 Oa				
(YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	218-18-	7562	Wm.	D. I	Ditman.	Lar	cast	er.	Ohi	io	43130

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candiac Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH POOR (On)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) HASHD DUE TO, OR AS A CONSEQUENCE OF	15 yrs
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	EMINAL DISEASE OR CONDITION GIVEN IN PART TIG

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

NON YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

200 AUTOPSY?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220 I certify that (11) (this haspital) attended the deceased fram

CITY OR TOWN

saw the deceased alive on 5/21 abave, Φ (we) (did) find not view the bady after death) (aur) apinian death accurred an the date and haur and fram the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING

211 LOCATION

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MEDICAL

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

8/26/85 Meadow 412 Washington Road Meadow Branch 24 FUNERAL DIRECTOR Robert K. Pritts, Sr., Westminster.

Burial

Westminster Carroll 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

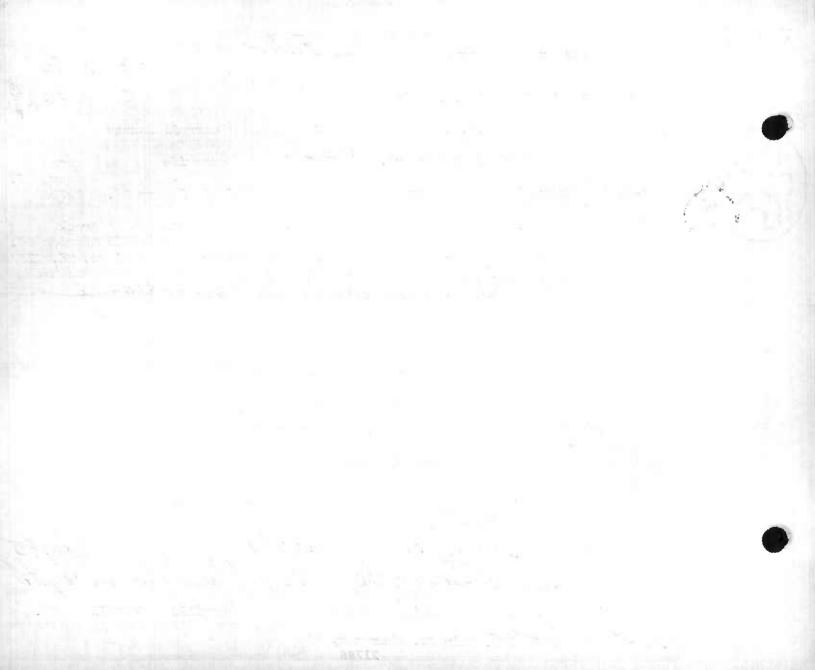
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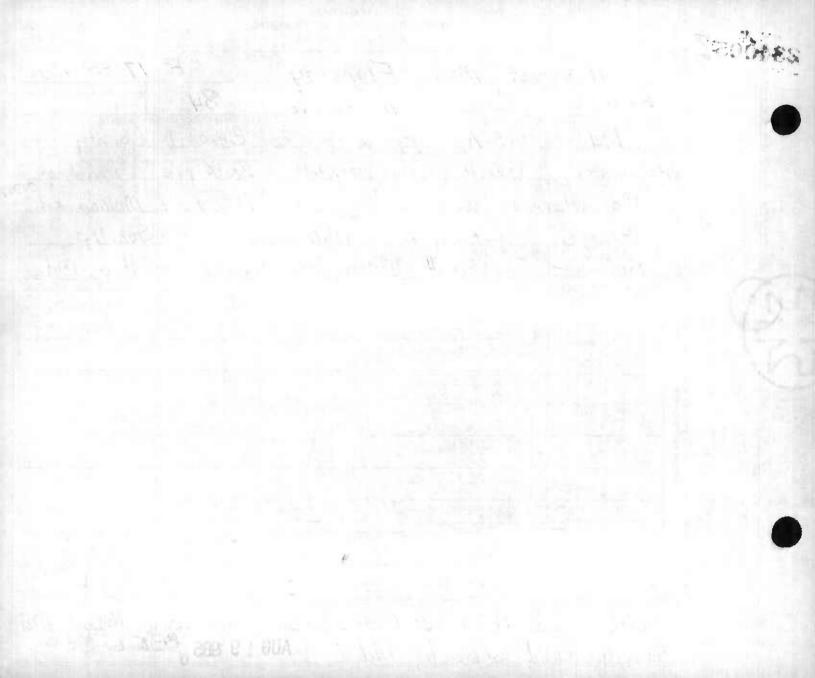
JAMES WEST				STATE OF I	MARYLAND	100			2.0
00	1.	FOR STATE	DEPA		H AND MENTAL HYG	ENES 2	2 3	4 5	
234091		REGISTRAR			E OF DEATH	REG. NO).		
Secretary Property		CEASED NAME FIRST OR PRINT;	WIDDLE	LAST	A PASSAGE TO	20. DATE OF DEATH	MONTH DAY	YEAR 2b. F	HOUR
oy be age 3 deoth	11.11	MARY	MAUDE	EA	STER	AUG			4-AM
É .	3. SEX		4 RACE	5. DATE OF BIR	TH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U		NDER 24 HRS
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a free al		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
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in the second	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FAGILITY, GIVE ST	RSING HOME OR OT	HER INSTITUTION	120. USUAL OCCUPATION		126. KIND OF BU INDUSTRY	SINESS OR
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Pour Pour		AL RESIDENCE (IF NURSING HOME OR TATE 136-COUN	OTHER INSTITUTION GIVE RESIDENCE BY		NSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
AND 24	M	ARYLAND CARI		MINSTER YES		1228 NOT		am Ri	7, 2115
RYL Pinner	14 FA	THER'S NAME	MIDDLE LAST	15. A	OTHER'S MAIDEN NAM	NE MIDDLE	12500	LAST	
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sicio pers		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a) (b	, and (c).	A			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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or re	30		DUE TO, OR AS A CONSE	OUENCE OF	0			9	
deat deat deat deat nion,		Conditions, if any, which	(b)						
the of the certification	331	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF					4 3 7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires that the death certificate be executed in the death certificate be executed in the latending physician or certificate has been signed by the attending physician or certificate has been signed by the attending physician or certificate has been signed by the attending physician or certificate has been signed by the attending physician or certificate has been signed by the analysic or provided by the analysic or provided or them 18 shows ony injury, or ather traumotic event, the medical axaminer must be made or them 18 shows ony injury, or ather traumotic event, the medical axaminer must be well as the provided or them 18 shows ony injury, or ather traumotic event, the medical axaminer must be well as the provided or them.	50	underlying cause last.	(c)						
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hos hos hed ept.	7.	22 SIGNATURE	0-11	DEGR			5-3 mm	22t. DATE SIGN	
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ENT OF HEALTH AND MENT. O BURIAN CREMATION, OR CERTINCATION	PART 2 OTNER SIGNIFICATION DATE OF OPER	ANT CONDITIONS	(c) CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISE			RT I a			2D AUTOPSY	?
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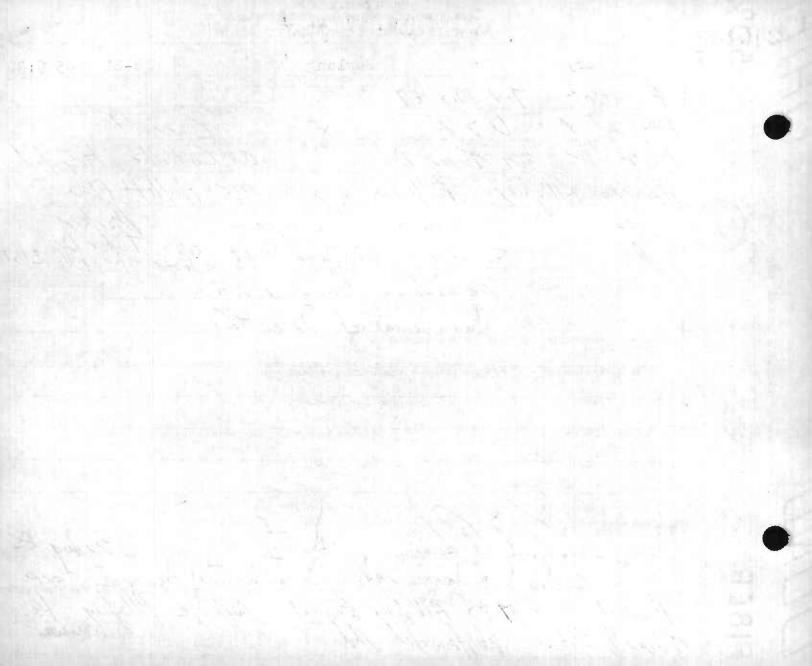
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 2 : HRS 1900 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 126. KIND OF BUSINESS OR INDUSTRY GIVE RESIDENCE BEFORE ADMISSION 130. STATE CITY OR IQWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS H FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER NU.S. ARMED FORCES? SOCIALISECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MIC arcinoma Canditians, if any, which gove rise to immediate cause (0), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Caccullus. YES [NO [710 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE FITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on_ , and that in (my) (aux) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b MUS astina 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)



234101	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYGJENE	2 2 8 REG. NO.	4 9	
Poge 4 may be director, page 3 aours after death		FEMALE	V BEATRICE FR 4. RACE WHITE 17b. CITIZEN OF WHAT COUNTRY? 8.	21TZ 6. AG	ATE OF DEATH MONTH D 16 9 E (IN YEARS LAST BIRTHDAY) 43 YRS LTIMORE CITY OR COUN	IF UNDER 1 YEAR IF	HOUR 40 10 Am UNDER 24 HRS. OURS MIN.
offer death.	M	TY OR TOWN OF DEATH	MARRIED NE WIDOWED NE WIDOWED (IN NOT IN SUCH FACULTY GIVES STREET ADDRESS)	DIVORCED D	USUAL OCCUPATION OF WORK FOR MOST OWN	12 LOLL 126. KIND OF B INDUSTRY	USINESS OR
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e be exect too and control of the medical con		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	McClure	Yvonne ORMANT James	Marie ADDRESS Fritz	Du ₁	ere'
201 W. PRESTON ST., B. es that the death certifical ned by the attending physiciles remove carbon popurial, cremation, or remove y, or other traumatic event,	NO	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	only one couse per line for (o), (b), and (c). ED BY: APLING DUE TO, OR AS A CONSEQUENCE OF (b)	LATED TO THE TERMINAL O	LUNG DISEASE OR CONDITION C	APPROXIMATIONS 2 9	MO
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TO HOSPITAL OR A retained by the hos TO FUNERAL DIRECT Should be detoched with the State Dept.		22d. PHYSICIAN'S NAME (TYPE THOUSEL	ORPRINI T. WELLIVER 1228 AE	D. ATTENDING DARK PHYSICIAN DIRR DDRESS 2 8 1	STAFF ECTOR PHYSICIAN	22. DATE SIGNED THE	1-85 110
BP		SURIAL, CREMATION, REMOVA (SPECIFY) Burial JNERAL DIRECTOR OBERTK Pri	1 236. DATE 236. NAME OF CEMETER STONE (1) 12-85 Stone (1) 12-	Chapel	D. BY REGISTRAR 256. REGI	er Carro STRAR'S SIGNATURI	ll statemal

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	14 RACE	S DATE OF BIRTH	6, AGE (IN	YEARS IF UNDER I	YR. IF UNDER 24 I	DEATH MATED	MONTH DAY YEAR 124
3. 55X		MONTH DAY	YEAR LAST BIRTI	HDAY) MONTHS DA			8 2859
7a BIR	MALE WHIT	Th. CITIZEN OF W		YRS.	1	9 BALTIMORE CITY	OR COUNTY OF DEATH
	LTIMORE, MD	. US	A	WIDOWED &	NEVER MARRIED DIVORCED	CARRO	LL Co.
10. CIT	TY OR TOWN OF DEATH	11, NAME OF HO	SPITAL, NURSING HO	ME, OR OTHER INS	TITUTION 120	USUAL OCCUPATION (TO	
	STHINSTER	/ 1326	EER PARK	ROAD		Housew	
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	Mo. MB	ALTO.	OWINGS	MILLS YES			Y ROAD 21117
14. FA	THER'S NAME	WIDDIE	LAST	15 MG	OTHER'S MAIDEN N	MIDDLE	LAST
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	lying cause last.	(c)					
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	ACTUAL SIGNATURE	chard &	Hours	MD >	Teduly	MEDICAL EXAMINATION	DATE 2 lud
	SIGITATORE		1	m.b	14	MEDICAL EXAMINATION	SIGNED
					1 11 11		/ //
	EXAMINER'S NAME	The Marie	(/	ADDRE	SS COVUD	11 County 0	revero Do
23a.BU	(TYPE OR PRINT) JRIAL, CREMATION, REMOV	/AL 23b DATE	23c. NAME OF C	ADDRE	The second second second second	3d LOCATION	reverel Spe
23a.BU	(TYPE OR PRINT) JRIAL, CREMATION, REMOV			CEMETERY OR CREA	MATORY 2	3d LOCATION CITY OR TOWN	COUNTY COUNTY
23a.BU (SF B	(TYPE OR PRINT) JRIAL, CREMATION, REMOV	VAL 23b DATE AUG. 5.85	PARK	CEMETERY OR CREA	METERY 2	BALTIMO	**

ETHEL

FEMALE WHITE JAN. 9, 1902 83

BALTIMORE, MD. USA X

WESTMINISTER 1526 DEER PARK ROAD

PO. BALTO. SWINGS MILLS 700 HCADEMY ROAD 27777

COLLINS

LANGLEY ANNA MALJJIN

218-40-0047 MR. W. LARS HVIDING OWINGS MILLS

CARROLL CO.

HOUSEWIFE

BURIAL AUG. 5,85 PARKWOOD LEMETERY BALTIMORE, MD.

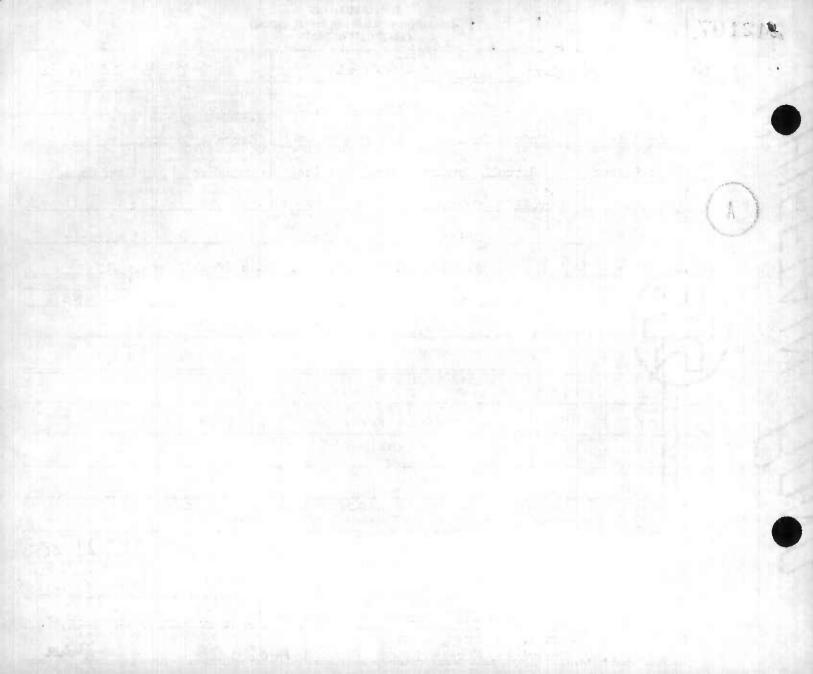
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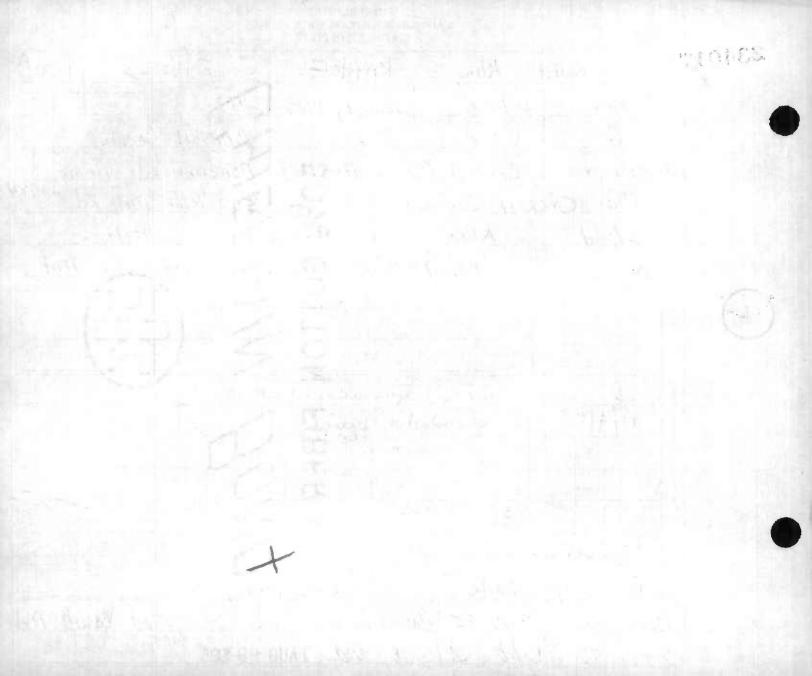
STATE OF MARYLAND 242107 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES

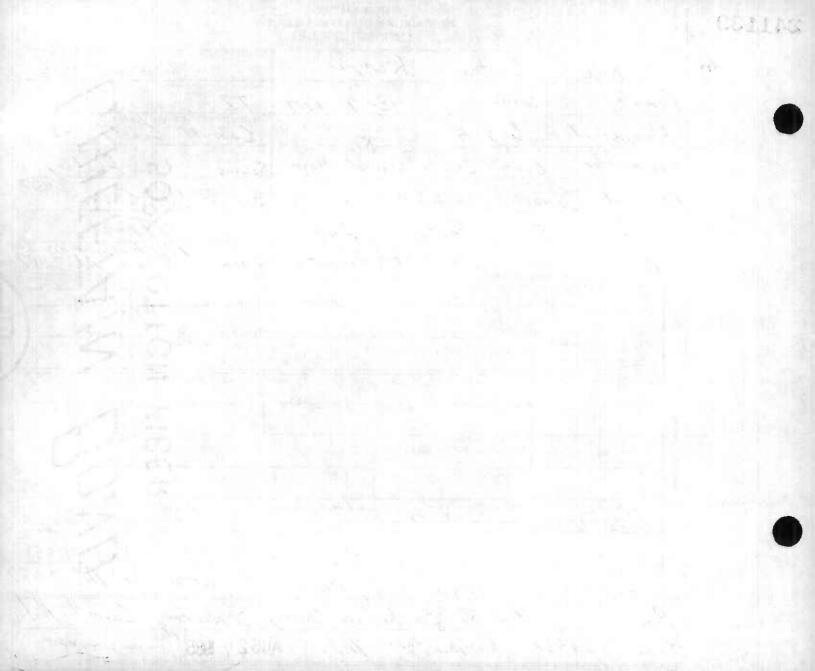
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П	1	REGISTRAR				CEKIII	ICATE OF DEATH	REG. NO	D.			
		EASED NAME	FIRST	٨	AIDDLE	-	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOU	18/2
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	3. SEX		(- 2)	4 RACE	ester	5. DATE C		6. AGE LINYEARS LAST BIRT	(HDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
	3. SEA		-	TRACE		MONTH	DAY YEAR	0, 402 (1446)	_	ONTHS DATS	HOURS	MIN.
4		Female		Caucas	ion	Nove	mber 20,1906	78	YRS			
9		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE I	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
2		irginia		United S	States	WIDOWE		Carroll C	ounty			MD.
7		TY OR TOWN OF DEA		11. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON	126. KIND O	F BUSINE	
9	T.To	-ti			H FACILITY, GIVE STREET		a1 II	(TYPE OF WORK FOR MOST O	F WORKING LIFE			
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1		ryland	Car	roll	Sykesvil	le _	YES NO	4350 Old W	ashing	ton Ro	ad/2	1784
	MA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS!		
21	1	James			Smith		Melvina			Hottin		
į.		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	HOLLIN	6-1	
	(4	ES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	579-28-7	427	Charles W. J	onos (Son)	Samo s	113		
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		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly one couse per DBY:	R & S I		ATORY F	A11 11RS		BETWEEN	. 1	DEATH
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	- 11	Sept Office		DUE TO, OF	R AS A CONSEQUE	NCE OF		2 7				
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		underlying couse	lost.	DUE 10, 01	K AS A CONSEQUE	NCE OF						
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7	MEDICAL CERTIFICATION	A OTHER SIGN	DYD	CARI	DIAL	ZEATH BUT	INFARC	TION	JIIION GIVE	IN IN PART IIC		
2	ATI	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USER	D
	FF	8.9	83-	TRA	ACHEO.	STO	my	YES TI NOT	IN CERTIFY YES	ING CAUSES	OF DEAT	
	ERT	210. ACCIDENT WAS UND	ERLYING T	1 216 TIME O	FINILIRY		21c. HOW INJURY OCCUR				140	
1	0 1	OR CONTRIBUTING		4 4 400 4 400 4 4	M. MONTH DA	Y YEAR	THE RESIDENCE OF THE PARTY OF T	TENTER NATURE OF TROOP	I II II II EM IO FA	MIT ON PART 2)		
	CA	(IF EITHER NOTIFY MEDIC				19						
	AED	21d INJURY OCCURE		21e. PLACE (OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	5	STATE
	-	AT WORK AT WOR	RK .			100	C-	- 0	,	Ca		
	100	22a.1 certify that (1)	(this hospi	tol) ottended the	e deceosed from_	7 .	30 , 19 87	, to	1	0 07	thot (I) (v	we) lost
		sow the decease above, (I) (we) (c	d olive on	t) years the hady	ofter death	or. or	nd that in (my) (our) opinion	death accurred on the do	ate and hour	and from the	couses sto	oted
		22b. SIGNATURE	na) (ala ng	1 (1 / 5)	arter death.		DEGREE			22c. DATE	SIGNED,	
		(150	7	Jaco			ATTENDING	MEDICAL STAF	F	18/2	1/8	7-
1		22d. PHYSICIAN'S NA	AME LIYPE C	P PPINT1			22e_ADDRESS	DIRECTOR PHYSIC	IAN L	10/0	1/	201
П		MA DA		DAR	2 11	1	224-61	ashington	7/19	mi V	2 /	ria
		11.17) (1 61	,)		11.6	NegT.	3711 400	2	1/5/
		URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1.12	COUNTY	9	STATE
	,	Burial		August	24, Fo	rest	Oak Cemetery	Gaithersb	urg Mo			
	24 FL	NERAL DIRECTOR R	obert	A. Pum	phrey Fun	era1	25a DAT	E REC'D. BY REGISTRAR	256 REGISTR	RAR'S SIGNAT	URE	
	7.7	NAME TO A			JADDRESS		I Al	ICO C MOE	Skin S	assidra D	Darlos	10

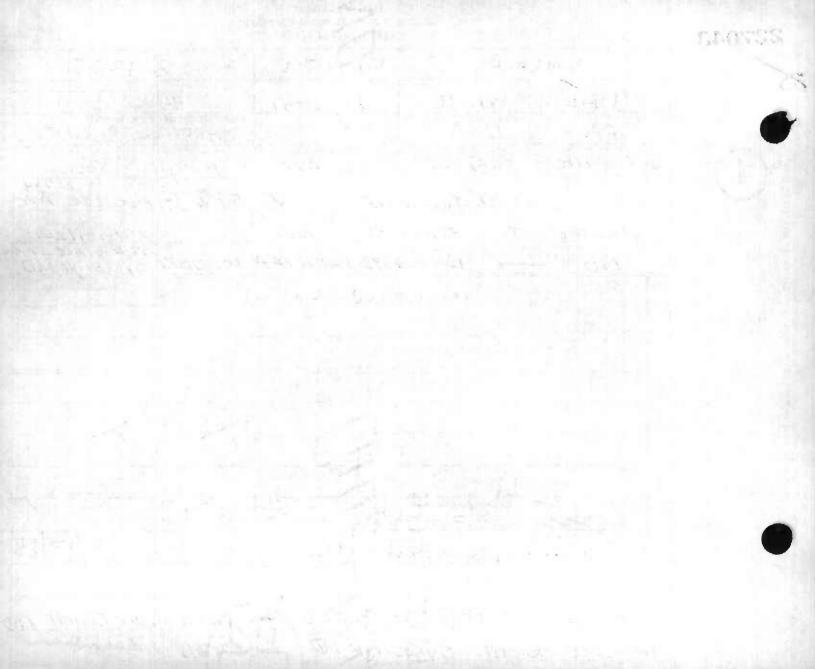


2044	y	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HEALTH AND CERTIFICATE OF DEATH	SIEND 25 L	80, SYKIVLE
23401		CEASED NAME PIRST	H Kling	KAYHOE	20. DATE OF DEATH MO	S VEAR 1030 A
ge 4 mg	1.58	Female	White	5. DATE OF BIRTH JUNE 1, 1907	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
death, 75		RTHPLACE STATE OR FOREIGN	U. S. A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 BALTIMORE CITY OR CO	County MD.
1 11 60	W	estminster	(IF NOT IN SUCH FACILITY, GIVES	County Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
y tilled in	130. 5	ATHER'S NAME	PROTHER INSTITUTION GIVE RESIDENCE BY INTY SYKES		502 Klee	Mill Rd. 2178
1800		VAS DECEASED OVER IN U.S. A	MIDDLE Kling	SECURITY NO. 2 17 INFORMANT	MIDDLE	Hilker
on ord or ord or Page for medio		PER HOOF HANDS	INE WAR OR DATES) 1760	17670 Enily Addi	son Wes	tminster, Md.
		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b) SED BY: ATE CAUSE (a)	han septia	D. In	BETWEEN ONSET AND DEATH
y the trends committed ther traumati		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	rocmarcon to	istila	
equires the regimed b Their pleas reports, or o	NOI		(c)	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 11a
The for-	CERTIFICAT	THE DATE OF STERACION	servitgen	Lamarticulum	VED NOW	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SK tass eng physic centricul result from terrul from terrul from	#	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ER) P.M.	19	RED TENTER NATURE OF HISTORY N	TEN 16. FART CONTART 21
SAS Personal Assessment of the control of the contr	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	00 00	8/16	COUNTY STATE
SECTOR SECTOR SECTOR set for use per all theo		saw the deceased alive a	on attended the deceased from	Comment of the contract of the	death accurred an the date of	, that (I) (we) last and have and from the causes stated
PITAL OF THE OF STORE	1	THE PHYSICIAN'S NAME (TYPE	Lange Roots	ATTENDING PHYSICIAN 22c ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8116185
of to HOS standard st	23a. f	URIAL, CREMATION, REMOVA	enschaele 1 23b. DATE	Westmin 231 ANAME OF CEMETERY OR GREMATORY	Stac, Md.	
BP	6	Beamston.	8-17-85	Carroll Germation Sirv	us Hange	tead carrel stains
DHMH - 16 60M 7/84 (VRA 15, 4)	74 17	JINEHAL DIRECTOR	wint both	apple Md. AUG	TE REC'D. BY REGISTRAIN IN.	REGISTRAR'S SIGNATURE





227043	1-	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	5 5
deoth deoth		ASED NAME FIRST WALL	ACE P.	KOWALSKI	20. DATE OF DEATH MONTH	1285 The Hour
ge 4 mg	3 SEX	MALE	White	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 44 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
leoth. Pog		HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUN	
	Sy	Kesville	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
136	USUAL 13a ST	RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION. GIVE RESIDENCE BEFOR 13c CITY OR TOV		130 STREET ADDRESS GrA	0.16.511
d within	14. FAT	HER'S NAME Chester	MIDDLE KOWO	13 MOTTER S MAIDEN INA	ME MIDDLE	Greitzer
tores.		AS DECEASED EVER IN U.S. AR 5. NO OR UNKNOWN) (IF YES GIT	9		ADDRESS 57	736 Grace Lee Ave Tykesville, MD
thou he decin certificate to be the other dispersion of the corporation of the corporatio		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or ED BY. TE CAUSE (o). DUE TO, OR AS A CONSEQUENCE (b). DUE TO, OR AS A CONSEQUENCE (c).	ENCE OF	7	APPROXIMATE PURELY AS METHERN CHOSET AND DEATH
nos been signed permit. Then plec ne prior to burno ws ony injury, or	S S	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF	GIVEN IN PART 110. YES, WERE FINDINGS USED TIKYING CAUSES OF DEATH? YES NO 1
After this certificate to as the buriol-tronsity in and Mental Hygie orked or them 18 sho	EDICAL	To. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINED TO COURRED WHILE NOT WHILE	HOUR A.M. MONTH D	216. HOW INJURY OCCUR 19 216. HOW INJURY OCCUR 19 216. HOW INJURY OCCUR 19 216. STREET		
CTOR. A for use of Heol			ital attended the deceased from 19_	ond that in (my) (and opinion DEGREE	death occurred on the date and h	. 19 that (I) (we lost our and from the couses stated
TO HOSPITAL OR A retoined by the ho TO FUNERAL DIRE should be detached with the Store Dept with TREAT INFORTER TO THE TREAT INFORTER TO THE TREAT INFORTER TO THE TREAT INFORTER THE TREAT INFORTER THE TREAT INFORTER THE TREAT INFORTER TREAT INFORM		THE PHYSICIANS NAME !!!	(Special)	M ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	18/13/85
BP The share of th	23a BU (SP	RIAL, CREMATION, REMOVAL	8-14-85 S	NAME OF CEMETERY OF CREMATORY	1 Westmins	ter Carroll STATE MIT
OHMH - 16 50M 1/81 (VRA 15, 4)		AME W. H	aight SVK	SVISIE MD 250. DAT	G 1 3 1985 Julie	SIBAR'S SIGNATURE DAMAGON - HANDARD



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241	123
Xa/	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUENE CERTIFICATE OF DEATH

1.	FOR STATE		DEPAR			MENT AL HYGU	BNE 2 4	3	5 /		
	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. NO	D.			
	CEASED NAME FIRST	^	AIDDEE		ASI		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	A
(ITPE	AMELIA	I	J .	LE	E	1 5 3		8-22	2-85	8:5	58 ^A M
3. SE	X	4 RACE		5. DATE C	F BIRTH	× ×	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 2	
	Female	White	,	MONTH 5-	23-00°	YE AR	85	MDC	MONTHS DAYS	HOURS	MIN.
7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		(2 8			9 BALTIMORE CITY O	R COUNT	Y OF DEATH	1	
	Maryland .	U.S.A		MARRIE	D NEVER	MARRIED	Carrol	-	unty		MD.
10 CI	Sykesville	11. NAME OF H (IF NOT IN SUC Spring)	HOSPITAL, NURS	ET ADDRESS)			12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI	F WORKING I	INDUSTR'	OF BUSINES	SSOR
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE RESIDENCE (IF NURSING HOME	NTY	GIVE RESIDENCE BEFO 134. CITY OR TO Gaither	WN	13d INSIDE	CITY LIMITS?	301 Russe	ZIP COD	Wilson Venue	Center 2076	
14 FA	ATHER'S NAME FIRST Herman	MIDDLE L.	Maldei	s	15. MOTHER	Magdele			Hahne	AST	
16a V	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEG		17. INFORM	ANT	ADDRE	5.97	Phoenix	-	
- (YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	218-34	-1727	Ann Si	helor -5	Collingwood			21131	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per							BETWEE	XIMATE INTERV	
100		TE CAUSE (o)	Pulmona	ry emb	olism				2.	-3 day	/S
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)	R AS A CONSEO	UENCE OF			metastasis			onths	
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART	l (a ·	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY? YES ☑ NO ☐	IN CERT	ES, WERE FIND IFYING CAUSE 'ES [3]	INGS USED S OF DEATI	H3
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IB	PART I OR PART 2)		
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE	OF INJURY EET, FACTORY, OFFIC	E, FARM ETC }	211. LOCAT		CITY OR TO	wn	COUNTY	SI	IAIE
	22a I certify that (I) (this hasp		e deceased from	OF	14-	, 19 78	, to8 - 2			, that (1) (<u>w</u>	
3	saw the deceased alive ar above, (I) (we) (did) (did no			,		(our) apinian d	leath accurred on the do	ate and ho			ted
	22b. SIGNATURE				DEGREE	ATTENDING	MEDICAL STAI	F		22 - 85	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	7		22e ADDRE	CC	DIRECTOR PHYSIC			22-07	
	R. Menachem					Sykest	gfield Hosp ville, Mary		21784		
	BURIAL, CREMATION, REMOVAL					CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	51	ATE
Bı	urial	8-26-			r Grov		Phoenix		Balto.		Md.
24 F	UNERAL DIRECTOR			1050 V	ork Pd	25a DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	ATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Julia Davidson Handala

							STATE OF	MARYLAND	0	- 0 0) 3-2 E	5 8	
			TATE				NT OF HEALT						
2	41048	1	REGISTRAR		ME		AMINER'S	CERTIFICAT	E OF DEA	WE C	3. NO.		4.12
			EASED NAM	E FIRST		WIDDIE		LAST		20. DATE KNOW	HTHOM (X)	DAY YEAR	26. HOUR
. 4	NECESSARY, PLEASE UNERAL DIRECTOR. S-FOR YOUR FILES. WITHIN 72 HOURS MITHIN 72 HOURS	,,		Harry	·	Milton	I	inton, J	r.	DEATH MATE	□ 8/	26/19 85	M
11)	RECEIPE SE	3. SEX		4 RACE	5. DATE OF BIRTH	6 4	GE (IN YEARS IF U	NDER 1 YR. IF U	NDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	12:50
14	Z H S I	M	AL	white	Acril 20		38 YRS.	THS DAYS HOL	JRS MIN.	PRONOUNCED DEAD	0/	26/19 85	-
100	A A A A A A A A A A A A A A A A A A A	70 BI	RTHPLACE (5	TATE OR	76 CITIZEN OF W		2 0			9 BALTIMORE CI	TY OR COUN		1 21 M
4	SHARES LA	FOR	EIGN COUNTRY)	mi	115	•	MARI	RIED MEVER			_		
1		10 00	Y OR TOWN	1,151.	0,3	· /t ·			VORCED .		1 Count	. 4	MD.
	Y IS THE BEAUTION OF THE PERSON OF THE PERSO	1. 1	1		(IF NOT IN SUCH F	ACILITY, GIVE STREET	IG HOME, OR OT ADDRESS)	HER INSTITUTION	FOR/	JAL OCCUPATION	(TYPE OF WORK)	OR INDUST	
	SEP POTE	100	Ampst				Church	Rd.	748	re Sette	R	Print	09
5	SEE SE	13a. S1	L RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, C	13c. CITY OR		13d INSIDE CITY LIN	AUTS? ILDE STRE	FET ADDRESS A		2/112	SA
2	る。世のピンフ		Ma		CROIL	Hame	stead		0 1	2119 /	loontiel	4 Dri	ve.
- 1	-C'-13-7	14 FA	THER'S NAME			-		15. MOTHER'S	MAIDEN NAME	ORNA N	1	*	
	A 295/01		Hace	1	h widdle	IN TAN	SR.	m	ildre	MEDIE	11	2, En /	1
9	20200	16a. W	AS DECEASE	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMAN	1012		RESS	gilei	<u>a</u>
MT.	VETE SIGNS		S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)		0 1235	D.L.	A Lin	too	lla.	1 1 1	nl
N N	A CON WITH WITH	-	NO					Kebecc	A LIII	(01)	TITTINE	KAO,	14.
12	E STA	1	18 CAUSE C	F DEATH (Enter on ATH WAS CAUSE	ly one couse per lin	e for (o), (b), on						APPROXIMAT BETWEEN ONS	
N N	A PERSONAL		8/11	IMMEDIA	TE CAUSE (o)			le Injur	ies				
155	A TARES		010		DUE TO, O	R AS A CONSEC	DUENCE OF						
2	AL HY			ns, if ony, which se to immediate	(b)								
*	SAN TO			stoting the under-	DUE TO, O	R AS A CONSEC	DUENCE OF						
28	EXXXXX		lying cou	156 1031.	((c)								
50	AABABA		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION GIVE	N IN PART 1 (g)				
RECORDS	EDING EDING EDICA SA BI LTH A REMA	Z											
W. E.	OWES A SU	CERTIFICATION	190. DATE OF	OPERATION	19b. COND	ITION FOR WHI	CH OPERATION V	VAS PERFORMED	?	- Table 1977		20 AUTOPSY	?
VITAL	HIEF WALL	문											
5	E SHOUL MORD "P E CHIEF BE USED NT OF HE BURNAL	8	21a EXTERNA	AL CAUSE WAS	216 TIME C	F INJURY	121c F	OW IN ILIRY OCC	LIDDED LENTER	NATURE OF INJURY IN ITI	FM 18 PART 1 OR D.	YES X	NO []
0	SHESSE.		UNDERLYING	S X OR		M. MONTH DA	Y YEAR						
0	CERTIFICATION OF THE PROPERTY	MEDICAL	21d INJURY		DEATH 11:451	OF INJURY (A		og. ariv	er of a	auto/lost	contro	ol/ejec	ted
DIVISION	PER SER	1 4			STREET, FA	TORY, FARM, ETC.)		STREET		CITY OR TOWN		UNTY	STATE
۵	SA S	1	AT WORK	NOT WHILE X	r	padway	Fai	rmount R	d. west	of Chur	ch Rd.	Carroll	Co.,
	P ST P		22a Lcerti	fy that I took chara	e of the remains de	scribed above. I	neld on Auto	osy X Ins	pection .	Inquiry .	and in my or	pinion	Md.
	MOT BEE	1	deoth result		rol couses .	Accident XX		, Homicide		ermined monner			
-	A PER CANADA		deom reson	140101		Accident	i, Soicide L	TITLE (SPECI		ermined monner (-		
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	A SHOUTE THE STATE WORKE WORKE	1	SIGNATURE.		1			A.D. ASSIST	MED MED	ICAL EXAMINER	SIGNE	ED 0/20	103
	O MEDICAL EXAL XECUTE THE CERT AGE 4 SHOULD O FUNEAL DIRE HTER DEATH WITH ALTIMORE, MARN		EXAMINER'S	NAME Cro	gory R. I	Cauffmar	MD		111 Do	enn St.			
	0X4054	22- DI			3b DATE			ADDRESS	III PE	ann St.			
		230.80	2 IFY)	TIÓN, REMOVAL 1	V - 20 -	ZISC NAN	E OF CEMETERY	OR GREMATORY	+ CHY	11.11	COU	NTY Y	nd
	BP	74 5	DUNA V	TOP	0-47-8	3 Mil	My Till	250. [250. [DATE ECT BY	REGISTRAR 256	PEGISTRAP'S	SIGNATURE	w.
	DHMH - 17	4	MAME	111 7/2:	/L ADJRES	1 -11	ms	2.50. [U	1/ //	Sia Baride	Mandal Mandal	
	(VR A15 ME (5)) 20M 4/82		ranny 1	N. Malgy	to Sayle	wille	ma.		AU62	7 1985	MIL PULL	and the	
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STATE OF MARYLAND 238039 DEPARTMENT OF HEALTH AND MENTALLBYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH VIRGIE Norm Elmine MONTH TYPE OR PRINTI 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY 126. KIND OF BUSINESS OR INDUSTR 13d. INSIDE CITY LIMITS? Wood bine 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN IYES NO OR WAKNOWN (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), o PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (this hospital) and ded the deceased from saw the deceased alive of_ and that in (my) (gar) apinian death accurred an the date and have and from the causes stated above (1) (we) (did) (did not) view the bady after death 6. SIGNATUR 22c DATESIGNE ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 22d PHYS the MPORT/ 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY DHMH - 16 60M 7/B4 (VRA 15, 4)

Licron

STATE OF MARYLAND

217	1.	FOR STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HY		2 3	6 2	
	I. DE	CEASED NAME FIRST	MIC	DDLE	i.	ASI		20 DATE OF DEA	G. NO. TH MONTH	DAY YEAR	2b. HOUR
	(TYP)	Fred Fred			M	cAtee			8 -	- 2-85	4:00a
	3 SE	X	4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	
11	ja .	MALE	WHI		4	- 8	-1897	8		S	
J Ge		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI		MARRIE	NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUN	ITY OF DEATH	
<u> </u>		est Virginia	11. NAME OF HO		WIDOWE		NORCED	CAR		COUNTY	OF BUSINESS OF
Montied	S	YKESVILLE	(IF NOT IN SUCH F 2240 I	iberty	Roa		STITUTION	type of work for A Engine	OST OF WORKING	G LIFE) INDUSTRY	ant Ma
cominer must be	13a	ATHER'S NAME FIRST		SYKESV	N		'S MAIDEN NAM	13e STREET ADDR 2240 L	iberty	Road	AST
O TO	16a \	Owen WAS DECEASED EVER IN U.S. AI	RMED FORCES? 11	MCATES 6b SOCIAL SECUI	RITY NO.	17 INFORM	arah	A	DDRESS	Kin	able
e medico		YES, NO OR UNKNOWN) YES G	WWII	704015				C. McA	tee Sy	ykesvil	21784 1e. MD
ony injury, or other troumotic event,	NOI	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR A	Ising Car as a conseque Termin as a conseque	NCE OF	ing Car	ncer	INAL DISEASE OR	CONDITION (2yrs	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN CER	YES, WERE FIND RTIFYING CAUSE YES [NGS USED S OF DEATH?
em 18 show		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		Y YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE C	DE INJURY IN ITEM	1B PART 1 OR PART 2)	
rked or n	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	FINJURY T. FACTORY, OFFICE FA	ARM, ETC }	21f LOCAT	ION	CITY	ORTOWN	COUNTY	STATE
Hem 21 is mo		22st certify that () (the large of above, (1)/(se) (dist) (did in 22t bionature	Total 15	10		DEGREE		, to8/0	he dote and h		that (I) (we) los e couses stated E SIGNED
NAT.		22d PHYSICIAN'S NAME (TYPE	ORPRINI	1		22e ADDRE		MEDICAL DIRECTOR P	STAFF HYSICIAN [Left Build	
MPORTANI		Nestor M. Carm	ona, M.D.			6323 \$	Sykesvil	le Rd.,		ille, Md	. 21784
_	23a	BURIAL, CREMATION, REMOVAL (SPECIETY)	23b DATE 8-6-8		AKEV		CREMATORY EMETER	23d. LOCATION CITY OR TO	VN	CARRO	LL MD
)M 7/84 4)	24 F	HARRY W. HA	TOUM SY	KESVIL	T.E. M	D 217	84 AU	REC'D. BY REGIS	RAR 250 BEG		

SYKESVILLE, MD 21784

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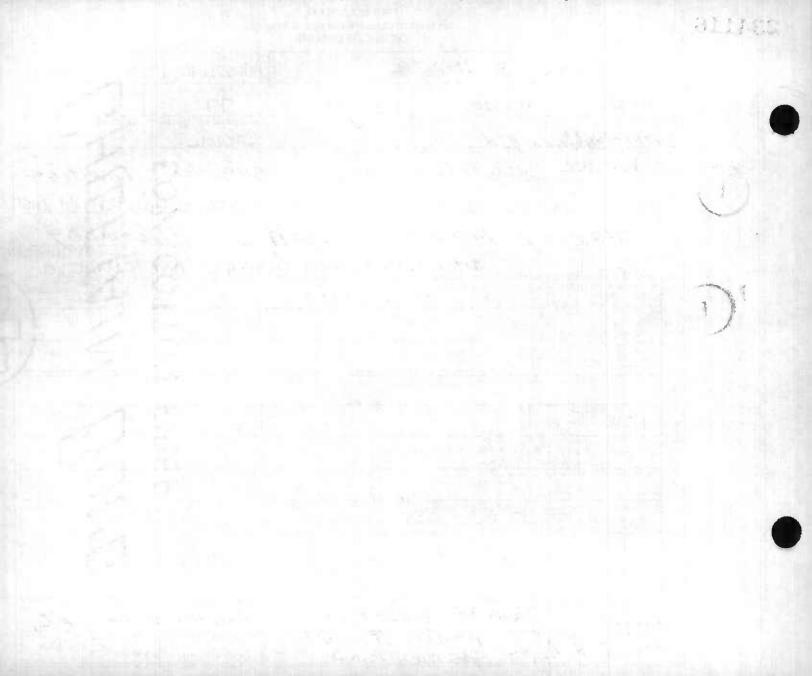
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

REGISTRAR		EKTIFICATE OF	DEATH	RE	G. NO.		
DECEASED NAME ROLAND	J. MERCE	2 LAST		AUGUST		85	26 HOUR 212 AM
1 SEX 4. R	ACE 5	. DATE OF BIRTH		AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE 1	white	MONTH DAY	3 OS	77	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 75 C	ITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER	MARRIED 7	BALTIMORE CI	TY OR COUNT	Y OF DEATH	
DUPLIN-NORTHING	11		NORCED [CARROL	1		MD.
	NAME OF HOSPITAL, NURSING	HOME OR OTHER INS	STITUTION	TO USUAL OCCU			F BUSINESS OR
WESTMINSTER U	ARROLL CO. Gencer		utal k	PARPEN		FURN	Iture
USUAL RESIDENCE (IF NURSING HOME OF OTHE	RINSTITUTION GIVE RESIDENCE BEFORE AD	13d. INSIDE	CITY LIMITS?	3 STREET ADDR	ESS / ZIP COI	u Hill	Rd ZIIS
OHAWCE'S	Meeces	Is MOTHER	FIRST K	MIDI	DIE H	énne	09
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18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	ne couse per line for (o), (b), and (c) ROSDIVATOR	Ey arres	Т			BETWEEN	IMATE INTERVAL ONSET AND DEATH
IMMEDIATEC	DUE TO, OR AS A CONSEQUENCE	CE OF			14 14		100
Conditions, if any, which	(b)	CE OF					
gave rise to immediate cause (a), stating the smalerlying cause last	DUE TO, OR AS A CONSEQUENCE	CE OF					
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AND STATE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	A, ETC) 218 LOCAT		CITY	OR TOWN	COUNTY	STATE
220.1 certify that (I) (this haspital)	TO AUG 19 85	and that in (my	, 19 <u>85</u> () (our) opinion de	to 10	AU6 the date and h		that (1) (we) lost
27h Signature	Jule	m6DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN A		SIGNED 406 1985
774 PHYSICIAN'S NAME (1791 OF PH	MD	22e ADDRE	SS				
234 BURIAL CREMATION, REMOVAL 2	36 DATE 23c NA	ME OF CEMETERY OF	CREMATORY	23d LOCATION	1		
BURIAL		NOY PION	NS	PINE TO	tills D		N.C,

DHMH - 16 60M 7/84 (VRA 15, 4)



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230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

22e ADDRESS

MARYL

Evergreen Mem. Gardens Finksburg Carroll Md.

PHYSICIAN

1250 HATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BALTIMORE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REG

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2n DATE OF DEATH FIRST 26 HOUR TYPE OR PRINT James Robert Moser 8-29-85 12:59PM 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. 3 SEX IF UNDER I YEAR MONTH DAY YEAR Male White 09-03-03 To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Maryland USA Carroll County WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Farming Svkesville Springfield Hospital Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Carroll Manchester YES XT NOF 3332 Main St., Manchester 21102 I FATHER'S NAME John Priscella Moser Shorb 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NFORMANI ADDRESS
Springfield Hospital Center Records (IF YES, GIVE WAR OR DATES) Sykesville, MD No 217-36-4865 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Cardio-pulmonary arrest minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 19n DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [71m. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from Feb. to August 19 85 sow the deceosed olive on August 29 19 85 ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 225. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL MO PHYSICIAN DIRECTOR PHYSICIAN X 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Springfield Hosp.Ctr, Sykesville, MD 21784 R. Menachem Cooper, M.D. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Sept. 1, Westminster Cemetery Westminster, Carroll, Md. Buria. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Show Howings Mils, Md. 21117

DHMH - 16 50M 4/83 (VRA 15, 4)

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m.e		CEASED NAME FIRST		WIDDLE	4.4			20. DATE OF DEATH MONTH	DAY YEAR	N HOUR
4 40 A		Han			N	agy		July 2	24 85	м
1	3. SE		4. RACE		5. DATE O		YEAR_			IF UNDER 24 HRS
1 (11)		male	whit		6	21	Ťr̂5	70 _{YRS.}		
V 11/	/0. 81	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED	NEVER .	MARRIED -	9. BALTIMORE CITY OR COUNTY	OF DEATH	
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Poges medico		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT	ADDRESS		
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signi signi hen p no bu	N	PART 2. OTHER SIGNIFICANT	CONDITIONS C		· C.V.		TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART IO	
been mit. I prior i	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH		-	DRMED	20g AUTOPSY? 20b. IF YES	, WERE FINDING	SIISED
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HYS I Me or It	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATIO	ON	CITY OR TOWN	COUNTY	
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OR A DIREC Oched Dept.		276 SIGNATURE	A	difer deam.	D	EGREE			22c. DATE SI	GNED
. 4		C	Starkey	5			PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	291	444.85
HOSPITAL rined by th FUNERAL uld be dete		226 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRES	SS	TO SOUTH THE TAX TO SOUTH		1-1,100
TO HOSPITAL TO FUNERAL should be det with the Stote		Charles A.	Haile,					Dr., Suite 301,	Towson,	MD
F 0 F 2 3 8	23a. B	URIAL, CREMATION, REMOVAL					CREMATORY	23d. LOCATION	county 2	1204
BP		burial	7/26			een M			Carroll	Md
		INERAL DIRECTOR ITTS FUNERAL	HOME	412 Wash WESTMIN		on Rd • Md	AUG AUG	E REC'D. BY REGISTRAR 256, REGISTR	RAR'S SIGNATUR	RE MAN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENEAL HYGJENE FOR - STATE **经48096** CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Mrs. Viola Anna Neeb deot August 29 1985 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3. SEX MONTH YEAR October 18 1906 Female Caucasian To BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWEDX DIVORCED | Carroll County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH EACHITY GIVE STREET ADDRESS! ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 4249 Wine Rd. Ret-Capital Cake Company Westminster USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 111. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 13c. CITY OR TOWN Maryland Carroll Westminster NOX 4249 Wine Rd. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Eric Eliason Alice Helm Eliason ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MFS.MMIldred Neeb LIF YES, GIVE WAR OR DATEST 215-09-4686 4249 Wine Rd. Westminster no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). TATIC PANCREATIC CA Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.D. CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? NOL 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21L LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on_ above, (I) (we) (did) (did not) view the body after death

2h HOUR

21157

21157

Maryland

APPROXIMATE INTERVAL

IE SINITER 24 MRS

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 771 DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 226 PHYSICIAN'S NAME PYPOR PRINT 22e ADDRESS ld b J. Sevilla Manuel Nursery Rd. Westminster, Md/ shoul with 0 23c NAME OF CEMETERY OR CREMATORY 236 BURIAL CREMATION, REMOVAL 23d LOCATION 236. DATE Burial 9-3-85 Woodlawn Cemetery Baltimore Maryland Woodlawn 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 751 BEGISTRAR DHMH - 16 50M 4/83 8728 Liberty Road Randallstown, Maryland 21133 (VRA 15, 4)

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STATE OF MARYLAND

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1 - STATE REGISTRAR		DES	CERTIFICATE OF DEATH	REG. NO.
1 DECEASED NAM	E FIRST	WIDDLE	LAST	26 DATE OF DEATH MONTH
(TYPE OR PRINT)	EDGAR	M	PALMER	2 Aug. 85
3. SEX MALE		CAUC.	5. DATE OF BIRTH MONTH DAY 9 12 05	6 AGE (IN YEARS LOT BIRTHDAY)

BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD

7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED USA WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

9 BALTIMORE CITY OR COUNTY OF DEATH

Carroll 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR

OF WORK FOR MOST OF WORKING LIFE

G.

Farmer

20a AUTOPSY?

NOT

I CITY OR TOWN OF DEATH Westminster

Co. General Carroll USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
130 CITY OR TOWN 13b COUNTY

13d INSIDE CITY LIMITS? YES. 15 MOTHER'S MAIDEN NAME

Helen

13. STREET ADDRESS / ZIP CODE 2320 Old Westminster Pike

MD 14 FATHER'S NAME

(YES, NO OR UNKNOWN)

Herbert 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Carroll

(IF YES, GIVE WAR OR DATES)

Palmer 166 SOCIAL SECURITY NO

CITY OR TOWN

Finksburg

17 INFORMANT 220-22-0457

Taylor ADDRESS nberry Rd. Jane Hoffman, Westminster, Md. 21157

no na 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

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Conditions, if ony, which gove rise to immediate couse (o), stoting the

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

> 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

CITY OR TOWN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (I) (this haspital) attended the deceased from,

DEGREE

ATTENDING MEDICAL PHYSICIAN TOIRECTOR PHYSICIAN

STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL SPECIFY) 8/5/85 Buria

23d LOCATION

Perryman Howard

25. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Robert K. Pritts. Sr. Westminster, Md.

CERTIFICATION MEDICAL

ntol Hyg

5

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

22h SIGNATURE

NOT WHILE

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obove, (1) (we) (did) (did not) view the body ofter death

21e. PLACE OF INJURY

Washington Road

23¢ NAME OF CEMETERY OR CREMATORY

St. George's Episc.

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1/5/15 1 st. leaves a Tease, Prenymon Howard Inch

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER I YEAR March % 8 1914 White To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Sprakers.N.Y. Carroll WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER HYSTITUTION WEST THINKS THE THE STRUCK STRUCKS TO STRUCK STRUCKS TO STRUCK STRUCKS TO STRUCKS THE STRUCKS STRUCKS TO STRUCK STRUCKS STRUCK ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Savers Co. Westminster USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE COUNTY Westminster 410 Farm Creek Road 21157 13d INSIDE CITY LIMITS? Carroll Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE J.R. Mitchell Vallne ta Montana Lena 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES JUNO YES T 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL P.M LIF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 220 I certify tha (1)(this hospital) attended the deceased from saw the deceased alive on abave (1) we) (did) (didnat view the bady after death and that in (my) (our) opinion death accurred anothe date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial 8-22-85 Canajoharie FallsCanajoharie Montgomery N.Y. Fletcher & Son

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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et alle			CEASED NAME E OR PRINT)	LIK21		WIDDLE		LAST	20 DATE I	ESTI- MO	NTH DAY	YEAR 26	HOUR
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	X D B S B	3. SEX			ATE OF BIRTH	6. AGE (IN Y		DER 1 YR. IF UNDER	24 HRS. 2c. DATE	4OM		YEAR 2d	HOLIB
	STATE	J. JL	^	A MC	DNTH DAY	YEAR LAST BIRTHE	DAY) MONTH	S DAYS HOURS	MIN. PRONOUN	CED		17	2:3
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1	S AUG IS TO	1	18 CAUSE O	F DEATH (Enter only one	e cause per line	for (a), (b), ond (c).)		-		1	APPR	ROXIMATE INTER	RVAL
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RECORDS,	D BE EXECUT ENDING" IN MEDICAL ES AS A BURIA ALTH AND CREMATION		PART 2 OTNER SH	INIFICANT CONDITIONS CONTR	IBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 (a),				
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DIVISION	CERTIFICATE TING THE W DED TO THE 3 SHOULD I DEPARTMEN I PRIOR TO	MEDICAL	21d. INJURY C	CCURRED		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION					
ā	WARD WARD PAGE TATE D	2	WHILE	NOT WHILE AT WORK	SIREET, FAC	TORT, PARM, ETC.)	3	INCE	CITY OR TOW	N	COUNTY		STATE
	TA A A A E		AT WORK	ATWORK									
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	EXAMINER: CERTIFICAT OULD BE FOR UDIRECTOR: (, WITH THE		death resulte	ed fram: Notural to		Accident . S	vicide	, Homicide .		[5]			
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	3 855 5 ₹		ACTUAL	5	n			TITLE (SPECIFY)					
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	SEA SE	/	The Late		V								
	SE S		(TYPE OR PRIN	NAME Great	ory R.	Kauffman, M	1.D.	ADDRECC	111 Penn	S+			
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, A	05						ADDRESS		ها ب			
	10-0/	23a.B	URIAL, CREMAT	TION, REMOVAL 236. D.	YE 1	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION		COUNTY	STATE	
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25M		24 F	UNERAL DIREC		/	412 11	1011	25a. DATE	REC'D. BY REGISTRAN	256 REGISTRAF	'S SIGNATUR	₹E	(0)
	DHMH - 17	10	NAME	PI	ADDRESS	716 W	ed the w	5104 110 4	0 4000	1 . 1 · 1	72.1.	00	
	(VR A15 ME (5))	1PC	ITTS.	Nober	TKJ	r. West	albo.	termus 1	6 300 9	with Davids		ALCO IN	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22372

	REGISTRAR							REG. NO).		
	DECEASED NAME	FIRST	_	NIDDLE		OOLE		26. DATE OF DEATH	MONTH D		26 HOUR
		ARRIE		chael					8 /3		IF UNDER 24 HRS
3.	Female	1.1	White		5. DATE C	DAY Y	EAR	6 AGE (IN YEARS LAST BIRT	M	ONTHS DAYS	HOURS MIN.
770	BIRTHPLACE (STATE OR FI	DREIGN 76		WHAT COUNTR	Y? 8	_		9 BALTIMORE CITY OF	R COUNTY	OF DEATH	1
1	Maryland		U.S.	A.	WIDOWE	DIVORC		Carroll	Co.,		ME
	estminster			FACILITY, GIVE STR	EET ADDRESS)	ROTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housew	WORKING LIFE		OF BUSINESS OR
13	oual residence (if nursi o. State Maryland	NG HOME OR OTH 136 COUNTY Carr		SIVE RESIDENCE BER		13d INSIDE CITY LIV	_	13. STREET ADDRESS / 2224 Den	zip code nings	Rd.	21776
17	FATHER'S NAME FIRST Francis	MIDE	DLE	Mulle	er	15 MOTHER'S MAIL Myr		WIDDIE		Buckin	igham
160	WAS DECEASED EVER	N U.S. ARMET		220-42		S. Nort	nan	Poole, Jr.		me As	#13
	18 CAUSE OF DEATH PART I, DEATH W.		Υ.	0.0		PRTOSIS				4	ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediote	(p)	CARC CARC AS A CONSEC	iNomi	OF OF	BR	EBST		YE	ARS.
NO			DITIONS CO		ODEATH BUT		-	TICEMIA		N IN PART 1	0
CERTIFICATI	19a DATE OF OPERAT	ION	196 CONDI			N WAS PERFORMED		20a AUTOPSY? YES NO	20b. IF YES,	WERE FINDING CAUSES	
102	OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M	M. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PART 2}	
MEDICAL	21d INJURY OCCURR	LE 🗍	21e PLACE C	OF INJURY EET FACTORY, OFFIC	CE FARM ETC)	211 LOCATION STREET		CITY OR TOV	WN /	COUNTY	STATE
	22a I certify that (I) sow the decease above, (I) (we) (d	d olive on	S	1/13 19	85 , on	-	opinion d	eoth occurred on the do	te and hour		that (I) (we) lost causes stated
	22b SIGNATURE	.50	206	luc	ا	S MO ATTEN		MEDICAL STAF		22c. DATE	SIGNED 3
	22d PHYSICIAN'S NA	ME ITYPE OR PR	MI			22 ADDRESS					air dan
230	BURIAL, CREMATION, I	REMOVAL I	8-16-			James	ATORY	23d LOCATION CITY OR TOWN Dennin	gs. C	county	1. Md.

(VRA 15, 4)

24 FUNERAL DIRECTOR Charles W.Burrier, Jr., Sykesville, Md. Dennings, Carroll, Md.

DHMH - 16 60M 7/B4

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His and the control of the control o

220.1 certify that (1) (this hospital) ottended the deceased from sow the deceased alive an Q. I V , and that in (my) (our) apinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death, 226 SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING A MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME HTYPE OF PRINTS 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE QUNTY rro 250. DATE REC'D. BY REGISTRAR 256 RIGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

REISTERSTOWN, MD. AUG 20

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

ELINE FUNERAL HOME

USA

BALTO. MD.

CARROLL CO. MD.

OUSEKEEPER

MO. DALTO. REISTERSTOWN 417 MAIN STREET 21135

KAUFMANN

WILLIAM L. RITTER LAVENIA

MRS. LILLIAN R. MOFFETT TOWSON, MD.

BURIAL AUG. 27,05 DRUID RIDGE CEMETERY FIXESVILLE, MD.

NVS Parkin sa Mineran nemaka " mangan kata mangan na palaka na mangan na kata na kata na kata na kata na kata

ELINE FUNERAL HOME REISTERSTOWN, 10.

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100mm 5 kg	3. SE	A RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONT	HS DAYS HOURS	MIN PRONOUNCED	MONTH	DAY YEAR	11:48
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SER RES		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OP V	VHAT COUNTRY?	8 MARR	IED NEVER MARRI	ED 7 BALTIMORE C	TY OR COUNT	Y OF DEATH	
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13 224/7	14. F.	ATHER'S NAME	MIDDLE	O 1 LAST.		IS. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
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		18 CAUSE OF DEATH (Enter an	nly ane couse per lir	e for (o), (b), and (c).)				-0	APPROXIMATE BETWEEN ONSET	INTERVAL
R FRA AL.	14	PART I DEATH WAS CAUSE	TE CAUSE (a) A1	cteriosclero	otic (Cardiovascu	lar Disease		BETWEEN GROET	AND DEATH
201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 18. EXAMINER ALONG W. EXAMINER ALONG W. OMENTAL HYGENE, D. MENTAL HYGENE, D. M. OR REMOVAL.		The second second		R AS A CONSEQUENCE						
PREA ALL		Canditians, if any, which gove rise to immediate								
OR TRANSPORT		cause (o) stating the under- lying cause lost.		R AS A CONSEQUENCE	OF					
		lying coose lost.	(c)							
DIVISION OF VITAL RECORDS, 201 S CERTIF. ATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN I RDED TO THE CHEE " MEDICAL EX- E3 540 LID BE USE AS A BURIAL E DEP MINENT OF HEALTH AND M. OI PROTE TO BURIAL		PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TEN	MINAL DISEAS	E DR CONDITION GIVEN IN PAI	T 1 (e).			
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A CONTRACTOR	7	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY?	
F VITA TE SHO WORD WORD ME CHE CHE TO SELUE	CERTIFICATION								YES X	NO 🗌
OF V ATE S FWO FWO MENT		210 EXTERNAL CAUSE WAS	21b. TIME C	OF INJURY M. MONTH DAY YEA	21c. H	OW INJURY OCCURRE	CENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR	T 2)	
NO STOPPED	13	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.	M. 19						
DIVISION CERTING TREE DEPARTMENT OF THE DEPARTME	MEDICAL	216 INJURY OCCURRED WHILE DOT WHILE D	STREET FA	OF INJURY (AT HOME,		CATION	CITY OR TOWN	cour	AITY	STATE
	1	AT WORK AT WORK					CIT OR TOWN	000	NIT	STATE
R: THI VIE, W DRWA DRWA R: PA(E STA D, 213		22a I certify that I took charg	ae of the remoins de	scribed above held on	Autop	sy K Inspection	, Inquiry	and in my opi	aina	
EXAMINER: EGRIFICATE JULD BE FOR H, WITH THE MARYLAND.			rol couses X		uicide	, Hamicide	Undetermined monner	Ond in my opi	non	
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SEA STATE			-				== MEDICAL EXAMINER	SIGNEL	,	
TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BARTIMORE, MARY	-	EXAMINER'S NAME (TYPE OR PRINT) Marg	arieta A.	Korell, M.	D.	ADDRESS	111 Penn St.			
DA A DA A A	23a B	URIAL, CREMATION, REMOVAL	-	23c. NAME OF CE	METERY O	RCREMATORY	23d LOCATION	A count	TY . ACId	ME /
BP		Burial	8-15-85	Springle	ld a	metire	Separille	Carri	de m	d.
DHMH - 17	24 F	UNERAL DIRECTOR	A ADRE	s al don	. /	11	(/	REGISTRAR'S SK	GNATURE	
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•	LEASE CTOR. FILES. OURS REET.	3 SEX	#fine-real	EDWARI CE	5. DATE OF BIRTH		GE (IN YEARS IF U	FFLET!		DEAT	H MATED	8 2	1 19 85 DAY YEAR	
	ARY, POUR YOUR TON 22 H	1	ale Wh.	ite	July 1,	1985	O YRS. 1	PAYS 20	HOURS A	PRONO DE		8 2	1 19 85	2:49
•	LECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN Z HOURS PRESTON STREET.	Ma	reign country)		U.S.	A.	WIDO		DIVORCED	Cai	rroll Co	ounty		M
	PAGE PIED		TY OR TOWN OF DE estminste		11. NAME OF HOS (IF NOT IN SUCH FAIL Carroll (CILITY, GIVE STREET	ADDRESS)		ON I	FOR MOST OF W	CUPATION (TYPE YORKING LIFE)	OF WORK 12	OR INDUS	
21201	A STANDAR	NSUA S. S.	TATE TYLAND	136 COUNT	R OTHER INSTITUTION GI	13c. CITY OR T	E ADMISSION)	136 INSIDE CITY	LIMITS? 1:	30 STREET ADD	RESS Cedarh	urst	Rd . 21	1048
ORE, MD.	· Ma	(4. FA	THER'S NAME Blaine		MIDDLE M	Shiffi	ett	15. MOTHER Der	'S MAIDEN		MIDDLE L		Cook	
BALTIMORE	A GIVE PA WITH FOR T. PAGES I DIVISION	160 V	VAS DECEASED EVE ES, NO. OR UNKNOWN) NO	(IF YES, GIVE V	AED FORCES? WAR OR DATES)	Nor.	ECURITY NO.	Blair		Shift	ADDRESS flett,		As #	#13
ORDS, 201 W. PRESTON ST	E EXECUTED WITHIN 24 HOU DING" IN PENCIL IN ITEM II DICAL EXAMINER ALONG THE ABURIAL - TRANST PERMI THE AND MENTAL HIGHEN EMATION, OR REMOVAL	Z	Canditions, if gave rise to cause (a) statin lying cause las	MAS CAUSED IMMEDIAT any, which immediate ig the under-	DUE TO, OR	Bronch as a conseon as a conseon	UENCE OF			N			BETWEEN ONS	SET AND DEATH
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DIVISION OF VITAL RECORDS, 201	CERTIFICATE ITING THE WOED THE 3 SHOULD B DEPARTMEN I PRIOR TO B	MEDICAL CERTIFICATION	216 EXTERNAL CAL UNDERLYING CONTRIBUTING 216. INJURY OCCU WHILE	OR CAUSE OF D	DEATH P.M.	MONTH DAY	YEAR 19 HOME, 21f LC	OW INJURY C	CCURRED	CITY OR	INJURY IN ITEM 18 I	COUNT		STATE
•	TO MEDICAL EXAMINER: THIS CRTIFICATE SHOULD BE EXECUTED EXECUTE THE CRTIFICATE, WRITING THE WORD "PENDING" IN PEPPGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDICAL BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, C	,	WHILE AT WORK NO AT WORK 220 I certify the death resulted for ACTUAL 5 IGNATURE EXAMINER'S NAMI (ITYPE OR PRINT) URIAL, CREMATION, RECIPY) Bur.	Thomas	as D. Smí	23c. NAME	Ande L	Hamicid TITLE (SPE A.D. ACT) ACT ADDRESS 11	ing Ch	23d LOCATION	manner, AMINER Balto.		8-22- 21201	
07/84 25M	DHMH - 17 (VR A15 ME (5))		JNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME					25			RAR 256 REGI	STRAR'S SIG		MICI •

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Moria, presidente

12168	1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	2 2 REG. N	2 8	7/	
e of the		OR PRINT)	Pearl		sephine		ichelstiel		Cuzust	part	9 8 5	26 HOUR 05/2 M
rector, po	3 SE	Female	4. F	White		5 DATE C		7	GE LINYEARS LAST BIR	S. YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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100	/	THER'S NAME Alawich		Tì	nompson		15. MOTHER'S MAIDEN	NAME	MIDDLE		Wheel	
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ertificate riol-transit sintal Hygin tem 18 shi		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M		Y YEAR	21c. HOW INJURY OC	CURRED (RY IN ITEM 18 PA	ART OR PART 2)	
tter this os the bull hond Me	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE	21e. PLACE OF	T, FACTORY, OFFICE, FA	ARM ETC I	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
ector A d for use t of Heoli m 21 is mo		220 I certify that (I) saw the decease abave (I) (we) (d	d alive on	any 2	7 19		d that in (my) (aur) api		accurred an the do		and fram the	
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P		URIAL, CREMATION, I SPECIFY) Burial	REMOVAL	Aug. 29			Valley Me	m. Ga	rdens, Tir	nonium	, Balt	o., Md.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

(VR A 15 (4))

REGISTRAR DECEASED NAME TYPE OR PRINTI

Manio

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

LEVERN Stonkers

HYG	TRNE 6 6 0)	U		
	REG. NO.			7		
	20 DATE OF DEATH MONTH	DA		YEAR	2b. HOL	IR
	8	11	(22	11	1 M
	6 AGE (IN YEARS LAST BIRTHDAY)	1F	UNDE	RIYEAR	IF UNDER	24 HR5
	74 YRS		NIHS	DAYS	HOURS	MIN,
	9 BALTIMORE CITY OR COUN	TYC	F DE	ATH		
	Carroll					MD.
0	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE)		KIND O USTRY	F BUSINI	ESS OR

3. SE	X	4 RACE		5 DATEC			6 AGE IN	YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
1	F	6		MONTH	2 DAY	YEAR	133	74	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		MHAT COUNTRY?	MARRIEI WIDOWE	NEVER /	MARRIED	9 BALTIMO	Carr		OF DEATH	MI
10 C	estminster	11. NAME OF	HOSPITAL, NURSING THE FACILITY, GIVE STREET AS	HOME C	-	PILES	TYPE OF WOR	OCCUPATION FOR MOST OF			OF BUSINESS OR
1	MA 136 C	AE OR OTHER INSTITUTION QUNTY CL //O//	Reisters			NO 🔀				Rd.	21136
14 17	THER'S NAME FIRST Harry	MIDDLE	Becraf	t		S MAIDEN NAM FIRST anda	ME	WIDDLE		Whi	te
	VAS DECEASED EVER IN U.S.	ARMED FORCES? S GIVE WAR OR DATES!	220-01-52		Robert		phens			inster own, M	Rd. d. 21136
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost underlying cause lost	DUE TO, O	Ine for 101, (b), and Infart R AS A CONSEQUEN R AS A CONSEQUEN	NCE OF	Pryoce	erdiel	Inf	usctri	cae .	APPROX BETWEEN	UMATÉ INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICAL State 190 DATE OF OPERATION	s Epilopt	/	AL	coxic f	Brewn	()	negp	20b IF YES	EN IN PART 10	NGS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	FDEATH HOUR A. AINER) P. 21e PLACE	M. MONTH DAY	19	211 LOCATION STREET	JURY OCCURR	RED (ENTERNA	CITY OR TOV		COUNTY	STATE
	WHILE AT WORK 220.1 certify that (1) this h sow the deceased olive above (1) (we) (did) (did) 222 SIGNATURE	on 5/10	atter death		DEGREE	, 19 85 (Our) opinion o	to death accurre	S/11	ite and hou		
	27d. PHYSICIAN'S NAME A	1	au	ne	22e ADDRES	PHYSICIAN E	MEDICAL DIRECTOR	STAF PHYSIC		CA 140	el etv

BP.

DIVISION OF VITAL RECORDS, 201

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b DATE Burial

VOrman Galastein

236 NAME OF CEMETERY OR CREMATORY Aug. 13, 1985 Old Oakland Cem.

Westmaster 23d LOCATION
CITY OF TOWN

Sykesville

e Carroll Md.
25b REGISTRAR'S SIGNATURE

Ckhardt Funeral Chapel 250 DATE REC'D. Owings Milla, Md.

H. Mr. . SELLY STREET, SELLY STREET, 196. H.

Committee standard of the stan

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CED-CY-1209 Gobert J. trake w Relateferaya, Md. 27736

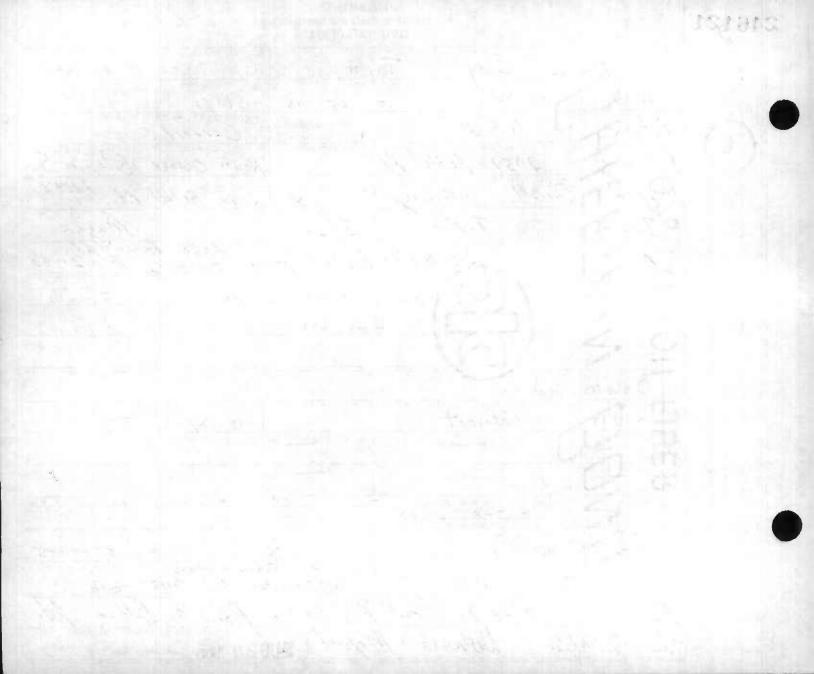




DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 219026 REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-JOR YOUR FILES, VITHIN 72 HOURS STYLLER HANNA GRACE 19 85 8 YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE LAST BIRTHDAY) PRONOUNCED WhitE 92 YRS DEAD QP M 1085 70. BIRTHPLACE (STATE OR WEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND WIDOWED A CARROLL COUNT DIVORCED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY SYKESV, 1/E Sykesville EIDERCARE HOUSE WIFE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 136 COUNTY 13c. CITY OR TOWN DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 TURKEY Foot CARROLL westminster 4109 MARVIANO YES NO IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ECKARI MARIA NAILL Ill. Am 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 30 Sherring Ct CARTON 220-40-8535 1Amme R CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). AL EXAMINER ALONG NEURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. C.V.D Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, O PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A I MEDIC CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF TO BURIAL, R: PAGE 3 SHOULD BE U E STATE DEPARTMENT OF 21201 PRIOR TO BURIAL YES NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED ?le. PLACE OF INJURY (ATHOME, 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection V DIRECTOR: 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion MARYLAND death resulted fram: Natural coures Hamicide Undetermined manner TITLE (SPECIFY) TO MEDICAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, 1 BALTIMORE, MA ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Barnet (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Westminster Carroll Buria] Branch Cemetery 230 DATE REC'D. BY REGISTRAR DHMH-17 20M 1/73 256. REGISTRAR'S SIGNATURE Son (VR A15 ME (5)) Eas treet

STATE OF MARYLAND





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STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26 HOUR

126. KIND OF BUSINESS OR

HOME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

NO [

STATE

21157

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

REG. NO

20 DATE OF DEATH

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IS I			sow the deceased alive on	to) ottended the deceased from.	01	r) opinion	death occurred on the de	te and how	
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ORTA!	/			OR PRINT)	22e ADDRESS				
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8/16/85

e date and hour and from the couses stated SICIAN 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Baltimore MD Baltimore Nat'l Robert K. Pritts, Sr., Westminster, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

235105	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AN	ID MENDAL HY.	IENE 2 2) 6 0	3 5	
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AND 213	Mar Mar	yland	13b COUNT Carro	Y	Westmins	N	YES 🗌	E CITY LIMITS?	13e STREET ADDRESS 2070 Sykesville Road			1157
magletely onde exomple		HER'S NAME Charles		rnold	Wagner	15 MOTHER'S MAIDEN NAME FIRST Laura			MIDDLE		Oster	
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he defection ST., BAI		8 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to impressed to impre	AS CAUSED IMMEDIATE which mediate	DUE TO, O		obstr NCE OF	ructiv	e pulmon	ary diseas	se .	APPROX. BETWEEN	IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the different connected within 24 hours or oftending physician. When this certificate has been signed by the original connection on and completely filled in by as the burial-transit permit. Then please remove them provides and completely filled in by as the burial-transit permit. Then please remove them provides and state on 2 should be fulled in by as the burial transition. It is also a state of the control of the	NOI	underlying couse PART 2. OTHER SIGN 90 DATE OF OPERA	NIFICANT CO	(c) ONDITIONS <u>C</u>		DEATH BUT			200 AUTOPSY?	20b. IF YES	, WERE FINDIF	NGS USED OF DEATH?
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Locused C. Fellow Med. M.L., C. L. Bernell Sinda, Sec 1., Commissioneer, 186.

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TIMORE	on and co		WAS DECEASED EVER YES. NO OR UNKNOWN}		MED FORCES? E WAR OR DATES)	219-20		Fees		tz, 15	estmins 32 Ston	e Rd.	Md. 2115'
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	OR ATTEN he hospital DIRECTOR: oched for us Dept of He If Item 21 is		220.1 certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE	d alive an id) (did no	t) view the bady	-5- 19		DEGREE M)	ATTENDING PHYSICIAN	death accurred an	the date and hau	r and fram the	, that (I) (we) last e causes stated E SIGNED
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West distant Carroll on Cameral now. Sentend Indiana, Danmaren a . Magnetal Westminder x 1947 Pleaset Valley &c. a - 219-20-0129 Feeser Hands, 1942 Stone RA. No. 21167 as Planne Valley Cer. Westerington Carpoll All Hovert H. Pritte, Sp. . Westmineter. - 10. 11 1 1 1 1 1 1

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PAGE 5 PAGE 5 BE FILED	West	mor DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (16 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll Co. General			THER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF POR MOST OF WORKING LIFE) OR INDI-						
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CATH. II	14. FATHER'S NAME Charle	ME es	MIDDLE	Wareh	nime	15 MOTHER'S MAIDEN NAME Mary Middle Jane Bankar						
ALTIMO AFTER SIGNATURE SIG	16a WAS DECEAS (YES, NO, OR UNK	SED EVER IN U.S. AR	WAR OR DATES		SECURITY NO. 18-0334	17. INFORMANT Delmar	H. Warehime	Warehime 13				
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DHMH - 17 (VR A15 ME (5)) 20M 4/B2	Robert	K. Prit	ts, Srew	12 Was estmir	shington ster,	MD -AUG 1	REC'D. BY REGISTRAR 256. REG	ndon-Rondoll				

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AND MENTAL HYGIENE OF DEATH REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 28 SOLUTION EVER MARRIED DIVORCED RINSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE KEPEN THER'S MAIDEN NAME FIRST DOWN ADDRESS DOWN MIDDLE LAST DOWN ADDRESS DOWN
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DAY YEAR OF THE PROPERTY OF COUNTY OF DEATH EVER MARRIED 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CARE HOUSEKEPER INDUSTRY THER'S MAIDEN NAME FIRST DRAMNT DRAMNT ADDRESS A BOAN - BAHT MORE, Md - 2
THER'S MAIDEN NAME FIRST DIVAR MARRIED 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE KEPER THER'S MAIDEN NAME FIRST DRAMNT ADDRESS A BOAD - BAHTIMORE THER'S MAIDEN AME ADDRESS A BOAD - BAHTIMORE MOLE THER'S MAIDEN NAME ADDRESS A BOAD - BAHTIMORE MOLE A BOAD - BAHTIMORE MOLE DIVARIANT ADDRESS A BOAD - BAHTIMORE A BOAD - 2
CARROLL DIVORCED CHROLL RINSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEKEPER HOUSEKEPER THERS MAIDEN NAME FIRST DAK MODLE DRAMNT ADDRESS A BOAN - BAHTIMORE, Md. 2
RINSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PARE HOUSEKEPER INDUSTRY INDUSTRY
CARE HOUSEKEEPER SIDE CITY LIMITS? LIJE STREET ADDRESS NO D 2154 MS KENDREE THER'S MAIDEN NAME FIRST DAK MODLE DRAANT ADDRESS A BOAN - BAHIMORE, Md. 2
IDE CITY LIMITS? 130 STREET ADDRESS NO ED 2154 MG KENDREE THER'S MAIDEN NAME FIRST DAK MIDDLE DRMANT ADDRESS A BOAN - BAHIMORE, Md-2
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TORNIA VITA
APPROXIMA BETWEEN ONS
F 2 moni
J.D.
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LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDING
IN CERTIFYING CAUSES OF
YES NO NO YES
OW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
CATION STREET CITY OR TOWN COUNTY
19 85 to 8/8 19 85 tho
(my) (our) opinion death occurred on the date and hour and from the cou
22c. DATE SIC
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
M. IIIIVZZ AVZ. SVA FORTE B AVE.
AT ROLLIGH WAS TANTOLITHE IN
Y OR CREMATORY 23d LOCATION
A COUNTY
Process described to the selection of th
250. DATE REC'D. BY REGISTRADIZED. REGISTRATE'S SIGNATURE

Items 13-22a 9/30/85 mtb F DEPARTMENT OF HEALTH AND MENTALHYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 228113 I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-JAY JR. E 5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET, WEYANT HAROLD 19 85 & AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS LAST BIRTHDAY PRONOUNCED 19 85 DEAD 21 64 Male Cauc. 4 18 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Carroll County DIVORCED WIDOWED ... 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Carroll Co. General Hospital Printing Westminster Printing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21048 113d INSIDE CITY LIMITS? 113e. STREET ADDRESS MD. 21201 136 COUNTY 13c. CITY OR TOWN 1970 Carrollton Rd. Finksburg NO M MD Carroll 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Weyant, Sr. Harold Nellie Durm Jav BALTIMORE, 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAS OR DATES) 215-90-3789 Harold J. Weyant. Sr. 13e no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Seizure disorder IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION E 3 SHOULD BE USEL E DEPARTMENT OF HEA 19g. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE 4 SHOULD BE FORWAR 7 TO FUNERAL DIRECTOR: PAGE BEATH, WITH THE STAFF BEATTMORE, MARYLAND, 2120 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 8-1-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. (TYPE OR PRINT) ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION Leister's Church Westminster Carroll 8/3/85 MD Burial 07/84 24. FUNERAL DIRECTOR Washington Road **DHMH - 17** Robert K. Pritts. Sr., Westminster. Md. (VR A15 ME (5))

STATE OF MARYLAND

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

2 2 8 9 0

		REGISTRAR			CERTIF	ICATE (OF DEATH		REG. N	0.				
		CEASED NAME FIRST	MI	IDDLE	L	451		2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
	TYPE	Charle	s Albe	ert	Wi	11,	Sr.			80	21	85	08	47 M
	3. SE>	X	4 RACE		5 DATE O			6. AGE	IN YEARS LAST BIR	THDAY)	IF UNE	DER I YEAR	IF UNDER	
b	Male		White		Oct. 3, 1921			63	YRS	10	18	HOURS	MIN.	
C	7m. B11	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8	NE NIEV	ER MARRIED	9. BALTI	MORE CITY	R COUN	TY OF D	EATH		
1	Ma	aryland	U.S.A	Α.	WIDOWE	20 00	DIVORCED [Ca	rroll	Co	,			MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER	INSTITUTION		AL OCCUPAT			KIND OF	F BUSINE	SSOR
U	-	estminster	Carrol:	1 Co.Ge	nera.	1 Ho	spital		pente				nce	3
5	13a S	AL RESIDENCE THE NURSING HOME OR STATE 136 COUN aryland Carr	ITY 1	Sive residence before 13t. CITY OR TOWN Sykesvi	N I	13d INSI	DE CITY LIMITS?	13e STREI	et Address West	ZIP CC	DE	TY R	۹ :	21 78
0	_	THER'S NAME	011	Syllogvi			ER'S MAIDEN N		WEST	ודו	JET (y III	40 6	21/0
1			11iam	Will		777	Mary		WIDDLE		N	cJi.	tor	1
-		VAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFO			ADDR	ESS		1001.	_ 001	•
	- (1	YES NOOR UNKNOWN) (IF YES, GIV	2	220-03-	4688	Els	ie M. V	Will	Same	As	#13		0	
1		18 CAUSE OF DEATH (Enter on										APPROXIF BETWEEN C	MATE INTE	RVAL DEATH
d		PARTI. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) MESENTERIC VASCULAR OCCLUSION								1	12 HOURS			
		DUE TO, OR AS A CONSEQUENCE OF									2 WEEKS			
		Conditions, if ony, which gove rise to immediate INFERIOR WALL MYGERDIAL INFARCTION												
cause (a), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CORONDRY HE														
		PART 2 OTHER SIGNIFICANT O												
	NO													
7	CERTIFICATION	90. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PE	RFORMED	200 A	UTOPSY?			RE FINDIN		
	1							YES [7 - 6		YES 🗌		NO [_
9	1500001	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	110110 4 11	INJURY A. MONTH DA	YEAR	21c. HO	W INJURY OCCU	RRED (ENTE	R NATURE OF INJU	IRY IN ITEM 1	B PART I C	PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M		19					- 3		150		70%
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE O (AT HOME, STREE	OF INJURY ET. FACTORY, OFFICE, FA	ARM, ETC)	211 LOC	ATION TREET		CITY OR TO	OWN	c	OUNTY	9	TATE
H		AT WORK NOT WHILE								/			()	
		22a I certify that (1) (this haspi	F	deceosed from	15	RI	7 19 3	, 10		_/	L. 19.5		that (1)	
	13.0	obove_(I)(we)(did) (did nat) view the body ofter death.												
		22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF								224. DATE SIGNED				
+		22d PHYSICIAN'S NAME (TYPEO	advis if	core	JA1	1220 ADI	PHYSICIAN.		OR PHYSI			0/2/	197	
-		TENTIFICIAL STANKE (TYPEO				THE ADI	, KEOO							
	12 0	DI IDIA+ CREMATION DE CONTRA	1224 DAYE	22.	IAME OF C	FAAFTÉRI	OD CDEAL TOTAL	22110	CATION					
		BURIAL, CREMATION, REMOVAL		1985 T.			OR CREMATORY		CITY OF TOWN	,	100	NIY T	n	K'A

DHMH - 16 60M 7/84 (VRA 15, 4) Charles W.Burrier, Jr., Sykesville, Md.

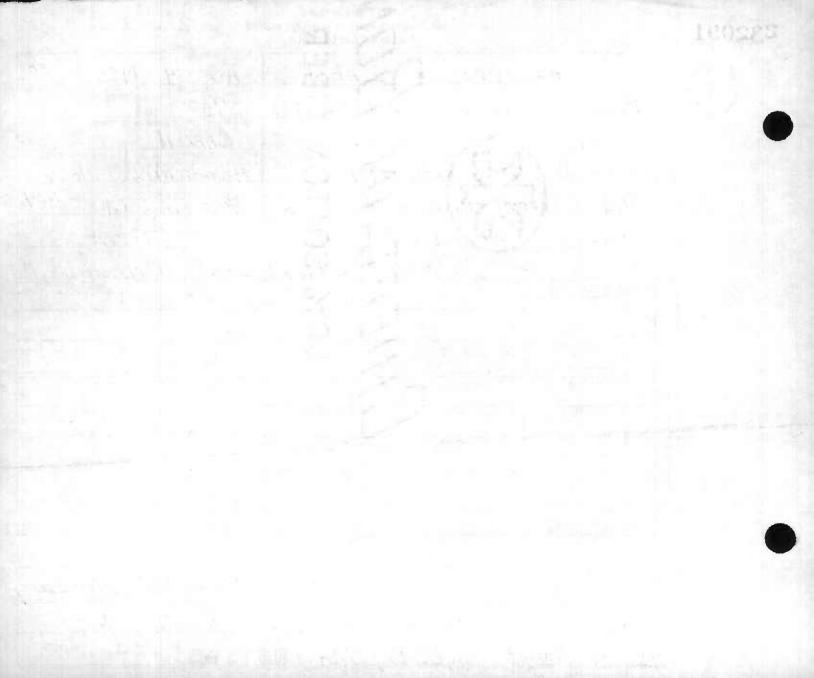
STRAR'S SIGNATURE

The state of the s

1.Denne

Tourist Clark Services

(VRA 15, 4)



REISTERSTOWN. MD.

ia Day son-

DIVISION OF VITAL

(VRA 15, 4)

OVI

BALTO. MO. USA x

WESTMINSTER CARROLL CO. GEN. HOSPT. HOUSEWIFE

CARROLL CO.

NO. CARROLL FINKSBURG 3236 NINER ROAD 27045

HARRY STRONG HATTIE WOLF

218-05-3108 MRS. GAIL SEIFERT FINKSBURG, MD.

BURIAL AUG. 14,85 WOODLAWN SEMETERY BALTIMORE, MD. ELINE FUNERAL HOME REISTERSTOWN, NO. 1200